



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2010 MAR 17 PM 3:22

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Wightman Therapeutics L.L.C.

2. The complete street and mailing addresses of the initial designated/principal office:

5908 Pheasant Drive

(Street Address)

Ammon, ID 83401

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

Stacy Wightman

(Name)

5908 Pheasant Drive, Ammon, ID 83401

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

Name

Address

Stacy Wightman

5908 Pheasant Drive, Ammon, ID 83401

Peter Wightman

5908 Pheasant Drive, Ammon, ID 83401

5. Mailing address for future correspondence (annual report notices):

5908 Pheasant Drive, Ammon, ID 83401

6. Future effective date of filing (optional):

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature

Stacy Wightman

Typed Name:

Stacy Wightman

Signature

Peter Wightman

Typed Name:

Peter Wightman

Secretary of State use only

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IDAHO SECRETARY OF STATE

03/17/2010 05:00

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Revised 07/2008