W1902U8



Printed Name:

Rev. 11/2015

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in <u>duplicate</u>.

2017 OCT 10 PM 3 38

SECRETARY OF STATE

<u>-</u>	STATE OF IDAHO
The name of the limited liabilit	ty company is:
WESTEC ENTERPRISES, LL	• • •
	rds "Limited Liability Company," "Limited Company," or the abbreviations L.L.C., LLC, or LC)
The complete street and maili 53 N 200 W, JEROME ID 83	ing addresses of the principal office is:
(Street Address)	
(Mailing Address, if different)	
The name of the registered ag	gent and street address of the registered agent:
ELRAY C. BINGHAM	53 N 200 W, JEROME ID 83338
Name)	(Address cannot be a post office box or postal mail box)
The name and address of at le	east one governor of the limited liability company:
ELRAY C. BINGHAM	53 N 200 W, JEROME ID 83338
(Namo)	(Address)
(Name)	(Address)
-	
(Name)	(Address)
(Name)	(Address)
······································	A indices (
Mailing address for future con	respondence (annual report notices):
53 N 200 W, JEROME ID 83	338
(Address)	
ature of organizer(s).	
~ ^ 4 ^	Secretary of State use only
ature: <u>ElRay</u> CB1	IDAHO SECRETARY OF STATE
ed Name: ELRAY C. BINGHA	MO 10/11/2017 05:00
<u>"</u>	OK:14904800 CT:172099 BH:16067
) - /



Revised 08/2016

STATEMENT OF CONVERSION

Pursuant to § 30-22-405, Idaho Code Filling fee: \$30 typed, \$50 not typed Complete and submit the form in dualicate. 2017 OCT 10 PM 3: 39

SECRETARY OF STATE STATE OF IDAHO

Note: Conversion documents are complex. Please seek appropriate legal and/or financial advice before making this important business decision.

Name: WESTEC ENTERPRISES	
Jurisdiction: IDAHO Type: PARTNERSHIP AUTHORITY (Corporation, Umited Dability Company, Limited Par	(Inership, etc)
This is a domestic entity, and this plan of conve	ersion was approved in accordance with § 30–22–403, Idaho Code.
. CONVERTED ENTITY: Name: WESTEC ENTERPRISES, LLC	, , <u>,</u>
Jurisdiction: IDAHO	
LIMITED LIABILITY COMPANY	
Type: LIMITED LIABILITY COMPANY (Corporation, Limited Liability Company, Limited Par	rtnership, eïc)
a. If this is a domestic entity or domestic limited lia organic record, or statement of qualification.	ability partnership, please attach a copy of the entity's public
a. If this is a domestic entity or domestic limited lia	ability partnership, please attach a copy of the entity's public
a. If this is a domestic entity or domestic limited lia organic record, or statement of qualification.	ability partnership, please attach a copy of the entity's public
a. If this is a domestic entity or domestic limited lia organic record, or statement of qualification. b. If this is a foreign entity please designate a registred Agent Name) (Address)	ability partnership, please attach a copy of the entity's public stered agent in the space provided:
a. If this is a domestic entity or domestic limited lia organic record, or statement of qualification. b. If this is a foreign entity please designate a registred Agent Name) (Address)	ability partnership, please attach a copy of the entity's public stered agent in the space provided:
a. If this is a domestic entity or domestic limited lia organic record, or statement of qualification. b. If this is a foreign entity please designate a registred Agent Name) (Address) (Address) EFFECTIVE DATE OF CONVERSION: Effective On future.	ability partnership, please attach a copy of the entity's public stered agent in the space provided: e upon filing
a. If this is a domestic entity or domestic limited lia organic record, or statement of qualification. b. If this is a foreign entity please designate a registred Agent Name) (Address) (Address) EFFECTIVE DATE OF CONVERSION: Effective On future.	stered agent in the space provided: e upon filing re date: (Enter date not more than 90 days in the (uture)
a. If this is a domestic entity or domestic limited lia organic record, or statement of qualification. b. If this is a foreign entity please designate a registred Agent Name) (Address)	ability partnership, please attach a copy of the entity's public stered agent in the space provided: e upon filing re date: (Enter date not more than 90 days in the (uture)