



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

12 MAR -2 AM 9:45

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

WESTON SECURITIES LLC

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

26332 BURDEN RD

(Street Address)

PARMA, ID 83660

(Mailing Address, if different than street address)

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

DANIEL S WESTON

(Name)

26332 BURDEN RD PARMA, ID 83660

(Street Address)

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

Name

Address

DANIEL S WESTON

26332 BURDEN RD PARMA, ID 83660

(MANAGING MEMBER)

JULIE DILL

5567 N ROTHMANS AVE BOISE, ID 83713

(MEMBER)

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

26332 BURDEN RD PARMA, ID 83660

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature

Daniel S Weston

Typed Name: DANIEL S WESTON

Signature

Typed Name: JULIE WESTON

Secretary of State use only

IDAHO SECRETARY OF STATE
03/02/2012 05:00
CK: CASH CT: 203972 BH: 1313289
1 @ 100.00 = 100.00 ORGAN LLC # 2

Willie53