FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2014 APR 24 AM 9: 26

SECRETARY OF STATE STATE OF IDAHO

(Instructions on back of application) 1. The name of the limited liability company is: WENSLEY L.L.C. 2. The complete street and mailing addresses of the initial designated office: 1050 N. BRIAR LN. BOISE, 10 83712 (Street Address) (AS ASOVE) (Mailing Address, if different than street address) 3. The name and complete street address of the registered agent: 879 WEST MAIN SUITE BOO BOISE, ID 8370 4. The name and address of at least one member or manager of the limited liability company: Name Address MAURINE BOREN 1050 N. BRIAR W. LOISE ID 83717. 5. Mailing address for future correspondence (annual report notices): 1050 N Briar Ln Boise TD 83712 Future effective date of filing (optional): ______ Signature of a manager, member or authorized person. PORTE STATE 04/24/2014 05:00 Signature CK:8441 CT:207950 BH:1421740 AMANDA MAULINE Typed Name:, 16 100.00 = 100.00 ORGAN LLC #2 Signature

Ont or 40 Rev. 07/201

Typed Name: