

## CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY NOV -8 PM 4: 25

(Instructions on back of application)

SECRETARY OF STATE STATE OF IDAHO

1. The name of the limited liabi	lity company is: STATE OF IDAHO
NIELSON WYOMING, LLC	
<ol> <li>The complete street and mail 6915 East Henry Point Road, Hard (Street Address)</li> </ol>	ling addresses of the initial designated office: yden, Idaho 83835
(Mailing Address, if different than street a	ddress)
3. The name and complete street	et address of the registered agent:
Joanne H. Nielsen	6915 East Henry Point Road, Hayden, Idaho 83835 (Street Address)
The name and address of at a company:	east one member or manager of the limited liability
<b>Name</b> Joanne H. Nielsen	Address 6915 East Henry Point Road, Hayden, Idaho 83835
•	
	respondence (annual report notices): Riverside Avenue, Suite 1500, Spokane, WA 99201
6. Future effective date of filing	(optional):
Signature of a manager, memberson.	AND A SECOND CONTRACTOR OF THE SECOND CONTRACT
Signature Mannet	Secretary of State use only
Typed Name: Joanne H. Nielson	——————————————————————————————————————
Signature	
Typed Name:	IDAHO SECRETARY OF STATE  11/08/2013 05:00  CK: 1687652 CT: 172899 BH: 1397488
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