

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

2013 OCT -1 AM 8: 48

(Instructions on back of application)

1. The name of the limited liability company is:		SECRETARY OF STATE STATE OF IDAHO	
WILSON PRUETT PROPER	RTIES L.L.C	OWIE OF IDAHO	
517 S 9TH ST PAYETTE ID	mailing addresses of the initial de	esignated office:	
(Street Address)			
(Mailing Address, if different than s	street address)		
3. The name and complete	street address of the registered a	igent:	
JOEL WILSON	113 SILVER SAGE HOM	MEDALE ID 83628	
(Name)	(Name) (Street Address)		
The name and address o company:	of at least one member or manage	er of the limited liability	
JOEL C WILSON		Address PO BOX 888 HOMEDALE ID 83628	
DENNIS PRUETT	2722 USTICK WILDER II	D 83676	
5. Mailing address for future 517 S 9TH ST PAYETTE ID 8	correspondence (annual report n 83661	otices):	
6. Future effective date of fili	ing (optional):		
Signature of a manager, me	ember or authorized		
person.		Constant of Chat	
Signature // // C ////		Secretary of State use only	
yped Name: JOEL C WILSON			
Signature		TROUG SECRETORY OF STATE	

10/02/2013 05:00 CK: 1846 CT: 288156 BH: 1392376 1 2 188.88 = 188.88 ORGAN LLC # 2

Typed Name: