



**CERTIFICATE OF ORGANIZATION FILED EFFECTIVE
LIMITED LIABILITY COMPANY**

(Instructions on back of application)

2014 DEC 10 AM 9:11

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

PWB LLC

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

213 Nevada Street; Gooding, ID 83330

(Street Address)

(Mailing Address, if different than street address)

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

Tara Knecht

(Name)

213 Nevada Street; Gooding, ID 83330

(Street Address)

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

Name

Tara Knecht

Address

213 Nevada Street; Gooding, ID 83330

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

213 Nevada Street; Gooding, ID 83330

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

Signature of a manager, member or authorized person.

Signature Tara Knecht

Typed Name: Tara Knecht

Signature _____

Typed Name: _____

Secretary of State use only

IDAMO SECRETARY OF STATE

12/10/2014 05:00

CK:1358 CT:303994 BH:1452447
1@ 100.00 = 100.00 ORGAN LLC #2