

Signature_ Typed Name:

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

09 FEB 17 AM 10: 3

(Instructions on back of application) 1. The name of the limited liability company is: WEAVER MOUNTAIN INVESTMENTS, LLC 2. The complete street address, and mailing address if different, of the initial designated/ principal office: 1589 E. 352 N, SAINT ANTHONY, ID 83445 3. The name of the commercial registered agent; or the name and complete street address of the non-commercial registered agent: CORPORATION SERVICE COMPANY 4. The name and address of at least one member or manager of the limited liability company: <u>Address</u> Name 1589 E. 352 N SAINT ANTHONY ID 83445 KEVIN S WEAVER 1589 E. 352 N SAINT ANTHONY ID 83445 HEIDI H WEAVER 5. Mailing address for future correspondence (annual report notices): 1589 E. 352 N. SAINT ANTHONY, ID 83445 6. Future effective date of filing (optional): Signature of an organizer(s). (An organizer is a member, or is acting in behalf of a required, and existing, initial member Secretary of State use only or members). Signature_ Armour, Asst. Secretary Typed Name: Shide

