

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

| 1. The name of the limited liability company is: Wismar Financial LLC | • |
|---|-----------------|
| | |
| 2. The complete street and mailing addresses of the initial designated office: | ſ |
| 506 (rosspoint Ave. Nauya, IO 8368 | 6 |
| (Sliett Audress) | |
| (Mailing Address, if different than street address) | |
| 3. The name and complete street address of the registered agent: | |
| Robert J. Baker 506 Crosspoint Ave. Naupa, I | D 8368 |
| The name and address of at least one member or manager of the limited liabi company: | lity |
| Robert J. Baker 506 Crosspoint Ave. Nampa, IC |) <u>836</u> 86 |
| Jeanette L. Baker 506 Crosspoint Ave. Nampa, ID | 83686 |
| 5. Mailing address for future correspondence (annual report notices): 506 Crosspoint Ave. Naum, ID 83686 6. Future effective date of filing (optional): | |
| | |
| Signature of a manager, member or authorized | |
| Derson. Secretary of State use of | niv |
| | ·, |
| Signature Robert J. Race | |
| Typed Name: Kaber#J. Bacer | |
| Signature Describe L. Pullstaghol3 | |
| | |
| Typed Name: Teamette L. Kiker | |

cert_org_tic Rev. 07/2010

2014 JAN 3 AM 8:53

FILED EFFECTIVE

W1.32743