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CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY 2014 MAR 19 AM 9:03

FILED EFFECTIVE

ATE T	(Instructions on back	of application)	> 00
1.	The name of the limited liability cor	mpany is:	STATE OF STATE
	Willsey Rentals, LLC	. ,	STATE OF IDATO
2.	The complete street and mailing addresses of the initial designated office:		
	1789 East 16th Street, Idaho Falls, Idaho 83404		
	(Street Address)	,	
	(Mailing Address, if different than street address)		
3.	The name and complete street address of the registered agent:		
	Chris S Hayes	890 Oxford Drive, Idaho Falls, Idaho 83401	
	(Name)	(Street Address)	
4.	The name and address of at least company:	one member or r	manager of the limited liability
	Name	4700 5 - 4 404	Address
	Robert Willsey	1789 East 16th	Street, Idaho Falls, Idaho 83404
	June Willsey	1789 East 16th Street, Idaho Falls, Idaho 83404	
5.	Mailing address for future correspond	·	•
	Hayes Management Services, Inc. 890 (Oxford Drive, Idaho	Falls, Idaho 83401
6.	Future effective date of filing (option	nal):	
	nature of a manager, member or son.	authorized	
•	nature Additional information of the contract	1	Secretary of State use only
	ped Name: Robert Willsey		W135706
Sig	nature MM UU	W_	IDAHO SECRETARY OF STATE 03/19/2014 05:00
Тур	ped Name: June Willsey		CK: 8320 CT: 104250 BH: 1416038 1 8 100.00 = 100.00 ORGAN LLC # 2

cert_org_llc Rev. 07/2010