

FILED EFFECTIVE

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2014 APR 11 PM 4:10

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Western Sales Associates LLC

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

4281 N.Yorgason Ln #201 Boise ID, 83703

(Street Address)

(Mailing Address, if different than street address)

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

Stacey Miller

(Name)

4281 N.Yorgason Ln #201 Boise ID, 83703

(Street Address)

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

NameAddress

Stacey Miller

4281 N.Yorgason Ln #201 Boise ID, 83703

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

4281 N.Yorgason Ln #201 Boise ID, 83703

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

Signature of a manager, member or authorized person.

Signature _____

Typed Name: Stacey Miller

Signature _____

Typed Name: Stacey Miller

Secretary of State use only

 IDAHO SECRETARY OF STATE
 04/11/2014 05:00
 CK: 1889188 CT: 172899 BH: 1419901
 1 @ 100.00 = 100.00 ORGAN LLC # 2

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