



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

11 MAY 19 AM 9 26

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

WB Nielsen, LLC

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

14 West 1st North, Weston, ID 83286

(Street Address)

PO Box 34

(Mailing Address, if different than street address)

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

Wynn R. Nielsen

(Name)

14 West 1st North, PO Box 34, Weston, ID 83286

(Street Address)

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

Name

Address

Wynn R. Nielsen

14 West 1st North, PO Box 34, Weston, ID 83286

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

14 West 1st North, PO Box 34, Weston, ID 83286

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

Signature of a manager, member or authorized person.

Signature Wynn R. Nielsen

Typed Name: Wynn R. Nielsen

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
05/19/2011 05:00
CK: 2731 CT: 250973 BH: 1274434
1 @ 100.00 = 100.00 ORGAN LLC # 2

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