



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

**FILED EFFECTIVE**

2014 NOV -3 PM 12:00

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

W.S. Brighton LLC

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

745 Opal Street, Blackfoot, ID 83221

(Street Address)

(Mailing Address, if different than street address)

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

William S. Brighton

745 Opal Street, Blackfoot, ID 83221

(Name)

(Street Address)

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

**Name**

**Address**

William S. Brighton

745 Opal Street, Blackfoot, ID 83221

Merinda W. Brighton

745 Opal Street, Blackfoot, ID 83221

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

745 Opal Street, Blackfoot, ID 83221

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature Michael W. Brown

Typed Name: Michael W. Brown, Esq.

Signature \_\_\_\_\_

Typed Name: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

11/03/2014 05:00

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