



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE
2014 JUL 11 AM 8:43

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

5-W LLC

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

1301 Main Street, Suite 6, Salmon, Idaho 83467

(Street Address)

(Mailing Address, if different than street address)

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

Paul B. Withers

(Name)

1301 Main Street, Suite 6 Salmon, ID 83467

(Street Address)

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

Name

Address

Jeanne Withers

815 Lemhi Rd, Salmon, Idaho 83467

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

815 Lemhi Rd., Salmon, ID 83467

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

Signature of a manager, member or authorized person.

Signature

Jeanne Withers

Typed Name: Jeanne Withers

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

07/11/2014 05:00

CK: 9426 CT: 120376 BH: 1432826

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