



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in duplicate.

FILED EFFECTIVE
2016 DEC 19 AM 9:33
SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:
WILSON RENTALS CCT, LLC.

(Remember to include the words "Limited Liability Company," "Limited Company," or the abbreviations L.L.C., L.P., or L.C.)

2. The complete street and mailing addresses of the principal office is:
24447 S. WHALEN RD, ST. MARIES, ID. 83861-1001

(Street Address)

(Mailing Address, if different)

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

PATRICIA GAY WILSON **24447 S. WHALEN RD, ST. MARIES, ID. 83861-1001**

(Name)

(Address cannot be a post office box or postal mail box)

4. The name and address of at least one governor of the limited liability company:

PATRICIA GAY WILSON **24447 S. WHALEN RD, ST. MARIES, ID. 83861-1001**

(Name)

(Address)

RANDY L. WILSON **24447 S. WHALEN RD, ST. MARIES, ID. 83861-1001**

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

24447 S. WHALEN RD, ST. MARIES, ID. 83861-1001

(Address)

Signature of organizer(s).

Signature:

Patricia Gay Wilson

Printed Name:

PATRICIA GAY WILSON

Signature:

Randy L. Wilson

Printed Name:

RANDY L. WILSON

Secretary of State use only

IDAHO SECRETARY OF STATE

12/19/2016 05:00

CK:151 CT:332423 BH:1560017

1@ 100.00 = 100.00 ORGAN LLC #2

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