

Signature___

Typed Name: _____

CERTIFICATE OF ORGANIZATION 2015 JUL 10 AM 8: 59 LIMITED LIABILITY COMPANY

(Instructions on back of application) 1. The name of the limited liability company is: Wilson Will, LLC The complete street and mailing addresses of the initial designated office: 75 S 5th W, #3. Rexburg Idaho, 83440 (Street Address) (Mailing Address, if different than street address) 3. The name and complete street address of the registered agent: Keeley E Wilson 75 S 5th W, #3. Rexburg Idaho 83440 (Name) (Street Address) 4. The name and address of at least one member or manager of the limited liability company: <u>Name</u> <u>Address</u> David C. Wilson 75 S 5th W, #3 Rexburg Idaho, 83440 Mailing address for future correspondence (annual report notices): 75 S 5th W, #3 83440 6. Future effective date of filing (optional): Signature of a manager, member or authorized person. Secretary of State use only IDAHO SECRETARY OF STATE Signature 07/10/2015 05:00 Typed Name: David C. Wilson CK: 126 CT: 312282 BH: 1483487 10 100.00 = 100.00 ORGAN LLC #2

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