

Signature\_

Typed Name: Stuart D. Bedke, Registered Agent

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

FILED EFFECTIVE

11 APR 12 AM 8: 22

SECHT BY OF STATE

(Instructions on back of application)

1.	The name of the limited liability com	mpany is: STATE OF IDAHO
	Wes	estern Solutions, LLC
2.	The complete street and mailing add 1842 Oakley Avenue, Burley, Idaho 83318 (Street Address)	ddresses of the initial designated/principal office:
	(Mailing Address, if different than street address)	
<b>3</b> .	The name and complete street address of the registered agent:	
	Stuart D. Bedke	1842 Oakley Avenue, Burley, Idaho 83318
	(Name)	(Street Address)
4.	The name and address of at least one member or manager of the limited liability company:	
	<u>Name</u> RoseMarie Bedke	Address 1842 Oakley Avenue, Burley, Idaho 83318
	Mailing address for future correspon 1842 Oakley Avenue, Burley, Idaho 83318	,
i.	Future effective date of filing (option	nal):
er	nature of a manager, member or son.	Secretary of State use only
_	ped Name: RoseMarie Bedke, Member	

IDAHO SECRETARY OF STATE

@4/12/2011 @5:@@

CK: 7445 CT: 257685 BH: 1268831
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