



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

11 FEB 23 AM 9:25

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

WFL Associates, LLC

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

106 Canyon Drive, Ketchum ID

(Street Address)

PO Box 5881, Ketchum ID 83340

(Mailing Address, if different than street address)

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

William F. Lehman

(Name)

106 Canyon Drive, Ketchum ID 83340

(Street Address)

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

Name

Address

William F. Lehman

106 Canyon Drive, Ketchum ID 83340

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

PO Box 5881, Ketchum ID 83340

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

Signature of a manager, member or authorized person.

Signature W Lehman

Typed Name: William F. Lehman

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
02/23/2012 05:00
CK: 8173 CT: 267326 BH: 1311947
1 @ 100.00 = 100.00 ORGAN LLC # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

W111322