

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY 09 FEB -9 PM 1:59

(Instructions on back of application)

SECRETARY OF STATE

Mountain View Packaging, LLC 2. The complete street and mailing addresses of the initial designated/principal office:	1.	The name of the limited liability com	pany is:	S	STATE OF IDAHO		
3243 S. Federal Way, Suite B, Boise, Idaho 83704 (Street Address) (Mailing Address, if different then street address) 3. The name and complete street address of the registered agent: Gary W. Shaw (Name) 3243 S. Federal Way, Suite B, Boise, Idaho 83704 (Name) (Street Address) 4. The name and address of at least one member or manager of the limited liability company: Name Address Timothy B. Andersen 20 Georgian Acres, St. Louis, MO 63131 5. Mailing address for future correspondence (annual report notices): 3243 S. Federal Way, Suite B, Boise, Idaho 83704 6. Future effective date of filing (optional): Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members). Signature Typed Name: Typed Name		Mountai	in View Packag	ing, LLC			
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