

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

10 JUL 26 AM 9: 20

	(Instructions on back	of application)
1.	The name of the limited liability con	mpany is: SECRETARY OF STATE STATE OF IDAHO n Land Exchange, LLC
2.	The complete street and mailing add	dresses of the initial designated/principal office:
	(Street Address) P.O. Box 1238, Orofino, ID 83544 (Mailing Address, if different than street address)	
3.	The name and complete street address of the registered agent:	
	Darrel E. Olson (Name)	1385 Ahsahka Road, Orofino, ID 83544 (Street Address)
4.	The name and address of at least one member or manager of the limited liability company:	
	Name Darrel E. Olson	Address P.O. Box 1238, Orofino, ID 83544
	Arlen S. Olson	P.O. Box 640, Asotin, WA 99402
	-	
5.	Mailing address for future corresponder. P.O. Box 640, Asotin, WA 99402	ndence (annual report notices):
6.	Future effective date of filing (option	nal):
_	nature of a manager, member or son.	authorized
Sig	nature Culed Clame ed Name: Arlen S. Olson	Secretary of State use only
_	nature	IDAHO SECRETARY OF STATE
Typ	ed Name:	07/26/2010 05:01

07/26/2010 05:00 CK: 111 CT: 191886 BH: 1232898 1 0 100.00 = 100.00 ORGAN LLC #