

CERTIFICATE OF ORGANIZATIONFILED EFFECTIVE LIMITED LIABILITY COMPANY

| Co A | (Instructions on back | c of application) |
|------|--|---|
| 1. | The name of the limited liability cor | mpany is: STATE OF IDALIC |
| | | Ledge Construction, LLC |
| 2. | The complete street and mailing ad | dresses of the initial designated office: |
| | 1264 Blue Sky Road, Bonners Ferry, ID 8 | 83805 |
| | (Street Address) | |
| | (Mailing Address, if different than street address) | |
| 3. | The name and complete street address of the registered agent: | |
| | Justin Pluid | 1264 Blue Sky Road, Bonners Ferry, ID 83805 |
| | (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> |
| | Justin Pluid | 1264 Blue Sky Road, Bonners Ferry, ID 83805 |
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| | | |
| 5. | Mailing address for future correspond | ndence (annual report notices): |
| | 1264 Blue Sky Road, Bonners Ferry, ID 8 | 33805 |
| | | |
| 6. | . Future effective date of filing (optional): | |
| | | |
| Sig | nature of a manager, member or | authorized |
| | son. | |
| Sia | nature (25) Cha | Secretary of State use only |
| - | ped Name: Justin Pluid | |
| י אַ | rane. | IDAHO SECRETARY OF STATE 93/05/2012 95:00 |
| Sia | nature | CK: 4018 CT: 99698 BH: 1313618 |
| | ped Name: | |
| 71 | | <u> </u> |

W[[[6] cert_arg_lic Rev. 07/2010