

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

09 MAR 18 PM 4: 22

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	(Instructions on back of application)			?Y OF STA OF IDAHO
1. The name of	of the limited liability co	mpany is:	SIMIC	UF IDAHO
A	III American H	ardwood LLC		
2. The comple	ete street and mailing a	ddresses of the initia	al designated/principal offic	e:
(Street Address	329 W. Vail St	. Boise 10	83702	
(Mailing Addres	ss, if different than street address)			
3. The name a	and complete street add	lress of the register	ed agent:	
CHAPL (Name)	ES K. PIERCE	1006 S (Street Address)	WILSON ST BOISE	<u>8</u> 3705
4. The name a	and address of at least	one member or mar	nager of the limited liability	
	Name		Address	
- Bria	n Cox	829	W. Vail St. Boise TO	\$33bZ
Charle	es Pierce	1006 5.	Wilson St Book TO 9	370°5
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5. Mailing add	lress for future correspo	, ,	ort notices):	
100	6 S. Wilson St.	Boise ID	8 3)65	
6. Future effec	ctive date of filing (optio	nal):		
	, (-) (-)			
	janizer(s). (An organizer is	a member, or is		
acting in behalf of	a member or members).		Secretary of State use only	
Signature				
Typed Name.	Brian A. Cox			
Signature	www	OppNomsNLC formstoert_org_lic.PMD	IDAHO SECRETARY O 03/18/2009 CK: CASH CT: 235256	F STATE 05:00 BH: 1161947
Typed Name:	CHARLES K PIERC	mpiforms Revise	1 2 160.00 = 180.08	ORGAN LLC # 2
		oq, B	W82413	-