



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 DEC 13 AM 9:14

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

The Life of Wood, LLC

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

661 Con Virginia, Hailey, ID 83333

(Street Address)

P.O. Box 2629, Hailey, ID 83333

(Mailing Address, if different than street address)

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

Michael Alcid

(Name)

661 Con Virginia, Hailey, ID 83333

(Street Address)

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

Name

Address

Michael Alcid

661 Con Virginia, Hailey, ID 83333

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

Michael Alcid, P.O. Box 2629, Hailey, ID 83333

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature Michael Alcid

Typed Name: Michael Alcid

Signature _____

Typed Name: _____

Secretary of State use only

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12/13/2010 05:00
CK: 4874 CT: 253475 BH: 1250620
1 @ 100.00 = 100.00 ORGAN LLC # 2

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