



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2014 APR 16 AM 8: 44

	(Instructions on back of application)		REAGGIFFER A FROM
1.	The name of the limited liability company is:		WE A STATE
	Wind River Wood Works, LLC.		
2.	The complete street and mailing addresses of the initial designated office: 63 Red Clover Drive, Sandpoint, ID 83864		
	(Street Address) -Same-		
3.	(Mailing Address, if different than street address) The name and complete street address of the registered agent:		
	Matthew T. Schreiber	63 Red Clover Drive, Sandpoint,	ID 83864
	(Name)	(Street Address)	
4.	The name and address of at least o company:	ne member or manager of the	limited liability
	Matthew T. Schreiber	63 Red Clover Drive, Sandpoint,	ID 83864
5.	Mailing address for future correspondence (annual report notices): 63 Red Clover Drive, Sandpoint, ID 83864		
6.	. Future effective date of filing (optional):		
_	nature of a manager, member or son.		ary of State use only
Sia	nature Matthe 7. h	Secret	ary of State use only
_	ped Name: Matthew T. Schreiber		
Sig	nature		TOWNO SECRETARY OF STATE

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94/16/2014 95:00

CX: 2323 CT: 231866 BH: 1428448

1 8 188.88 = 188.88 ORSAN LLC # 2

1 8 28.88 = 28.88 EXPEDITE C # 3

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Typed Name: _____