

## CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY 2013 JAN 28 AM 9: 29

| ALE T        | (Instructions on back   | k of application)                              |    |
|--------------|---|--|----|
| 1,           | The name of the limited liability cor   | SECRETARY OF STATE STATE OF IDAHO              |    |
| 2.           | The complete street and mailing ad<br>1155 Highway 6, Potlatch ID 83855<br>(Street Address) | ddresses of the initial designated office:     |    |
|              | (Mailing Address, if different than street address)   |  |    |
| 3.           | The name and complete street address of the registered agent:                               |  |    |
|              | Mary Beth Howell  | 1155 Highway 6, Potlatch ID 83855              |    |
|              | (Name)  | (Street Address)                               |    |
| 4.           | The name and address of at least of company:  | one member or manager of the limited liability |    |
|              | <u>Name</u>   | <u>Address</u>                                 |    |
|              | Mary Beth Howell  | 1155 Highway 6, Potlatch ID 83855              |    |
|              |   |  |    |
| 5. 1         | Mailing address for future correspon<br>1155 Highway 6, Potlatch ID 83855                   | ndence (annual report notices):                |    |
| 6. 1         | Future effective date of filing (optiona  | val):  |    |
| Sign<br>pers | nature of a manager, member or on.  | ·  |    |
| Sian         | ature Mary Dethe Lowell   | Secretary of State use only                    |    |
| -            | ed Name: Mary Beth Howell   |  |    |
| Signa        | ature   | IDAHO SECRETARY OF STATE                       | _  |
|              | d Name:   | ***************************************        | 71 |

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