

## CERTIFICATE OF ORGANIZATIONFILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

2012 MAR -7 PH 3: 24

1. 1		CECHOLOGY STATE
	The name of the limited liability o	company is:  SECRETARY OF STATE  STATE OF IDAHO
	Kootenai	i Valley Resource Group LLC
. 1	The complete street and mailing	addresses of the initial designated office:
	1132 Riverside,	Bonners Ferry, Id. 83805
	(Street Address) P.O.Box 919 Bonn	ners Ferry, Id. 83805
	(Mailing Address, if different than street address	
. 1	The name and complete street ad	ddress of the registered agent:
I	David S. Duarte	132 Riverside Bonners Ferry, Id. 83805
	(Name)	(Street Address)
	The name and address of at least company:  Name	st one member or manager of the limited liability  Address
T	David s. Duarte	P.O.Box 664 Bonners Ferry, Id. 83805
.ر	AVIO S. Dualte	
1	Com s. Duarte	P.O.Box 363 Bonners Ferry, Id. 83805
	Mailing address for future corress	nondence (annual report notices):
		pondence (annual report notices):  Group LLC P.O.Box 919 Bonners Ferry, Id
ĸ	Kootenai Valley Resource	Group LLC P.O.Box 919 Bonners Ferry, Id 83805
ĸ		Group LLC P.O.Box 919 Bonners Ferry, Id 83805
, F	Cootenai Valley Resource Future effective date of filing (opt	Group LLC P.O.Box 919 Bonners Ferry, Id 83805
ign	Future effective date of filing (opticature of a manager, member	tional):  or authorized
r . f	Cootenai Valley Resource Future effective date of filing (opt	Group LLC P.O.Box 919 Bonners Ferry, Id 83805

Typed Name: David s.Duarte

Signature |

Tom s. Duarte Typed Name:

IDAHO SECRETARY OF STATE

03/07/2012 05:00

CK: 925991 CT: 172899 BH: 1314023
1 @ 100.00 = 100.00 ORGAN LLC # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

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