

Typed Name: ____

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY FILED EFFECTIVE

(Instructions on back of application)

11 MAY -9 AM 8:53

. The name of the limited lia	9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	TIMBER RIDGE FORESTRY, LLC STATE OF IDAHO
 The complete street and m 1189 Camp's Canyon Road, T 	nailing addresses of the initial designated/principal office: roy, Idaho 83871
(Street Address) P. O. Box 712, Troy, Idaho 836 (Mailing Address, if different than street	
. The name and complete st	treet address of the registered agent:
Robert F. Wagner	1189 Camp's Canyon Road, Troy, Idaho 83871
(Name)	(Street Address)
 The name and address of a company: Name 	at least one member or manager of the limited liability Address
Robert F. Wagner	1189 Camp's Canyon Road, Troy, Idaho 83871
Kate A. Wagner	1189 Camp's Canyon Road, Troy, Idaho 83871
	·
Mailing address for future of	correspondence (annual report notices):
P. O. Box 712, Troy, Idaho 838	871
6. Future effective date of filir	ng (optional):
ignature of a manager, me erson.	ember or authorized
ordori.	Secretary of State use only
ignature	
yped Name: Paul C. Agidius	
	IDAHO SECRETARY OF STATE 05/09/2011 05:00
ignature	CK: 8773 CT: 79369 BH: 127275

W103195