

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

2015 JUL 23 PM 3: 43

VE T	(Instructions on b	pack of application)	SECRETARY OF STATE
1.	The name of the limited liability company is:		STATE OF IDAHO
	Montgomery Enterprises, LLC		
2.	The complete street and mailing addresses of the initial designated/principal office: 1015 Tober Lane, Potlatch ID 83855		
	(Street Address)		The state of the s
	(Mailing Address, if different than street addre	ss)	
3.	The name and complete street address of the registered agent:		
	Michael Montgomery	1015 Tober Lane, Po	tlatch ID 83855
	(Name)	(Street Address)	
4.	The name and address of at least one member or manager of the limited liability company:		
	<u>Name</u>		<u>Address</u>
	Michael Montgomery, Member	1015 Tober Lane, Po	tlatch ID 83855
5.	Mailing address for fature		
J.	Mailing address for future corres 1015 Tober Lane, Potlatch ID 83855	pondence (annual repo	ort notices):
	1013 Tobel Larie, Poliation D 83633		
6.	Future effective date of filing (opt	tional)·	
Sigr	nature of a manager, member	or authorized	
porc	41811		Secretary of State use only
Sign	nature	<u></u>	IDAHO SECRETARY OF STATE
Тур	ed Name: JOSE MOJICA		07/23/2015 05:00
			K:3054588 CT:172099 BH:148
Sign	ature		@ 100.00 = 100.00 ORGAN LL(L@ 20.00 = 20.00 EXPEDITE C
Туре	ed Name:		