

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 MAR 27 AM 8: 45

SECRETARY OF STATE STATE OF IDAHO

The name of the limited liability company	
Long	Bluff Stoves LLC
2. The complete street and mailing address	es of the initial designated/principal office:
14 N Main Stre	eet Grace, ID 83241
(Street Address)	Grace, ID 83241
(Mailing Address, if different than street address)	Glace, 10 0024 :
3. The name and complete street address of	of the registered agent:
	110 Mountain View Drive McCammon, ID 83250
(Name) (Stre	eet Address)
The name and address of at last two as	and an arrange of the Break of Back like
The name and address of at least one me company:	ember or manager of the limited liability
Name	Address
Jake Hawkins	PO Box 11 Grace ID 83241
Beverly Hawkins	PO Box 11 Grace, ID 83241
	FO BOX 11 Glace, ID 83241
 Mailing address for future correspondence 	e (annual report notices):
PO Box 11 (Grace, ID 83241
Future effective date of filing (optional):	4/1/2009
ignature of organizer(s). (An organizer is a memb	per, or is
ting in behalf of a member or members).	Secretary of State use only
ignature Vol How	10 PMF
yped Name: Jake Hawkins	
signature Bw Hawkenw	IDAHO SECRETARY OF STATE State
yped Name: Beverly Hawkins	CK: 3631 CT: 235515 BH: 116321

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