

Typed Name: ____

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY FILED EFFECTIVE

(Instructions on back of application)

7812 APR -5, PN 3: 28

(motiodonorio	it back of application)	
The name of the limited liability company is:		SECRETATY IN STATE STATE OF TOAHO
	Wholesale Material Group, LLC	
2. The complete street and main 618 N 4th Street, Coeur d'Alene, (Street Address)		designated office:
(Mailing Address, if different than street	-ddusa)	
3. The name and complete stre		agent:
Kevin P Holt	618 N 4th Street, Coeu	ır d'Alene, ID 83814
(Name)	(Street Address)	
The name and address of at company:	least one member or manag	
Name		Address
Scott Moline	Scott Moline 618 N 4th Street, Coeur d'	
5. Mailing address for future co	rrespondence (annual repor	t notices):
618 N 4th Street, Coeur d'Alene,	•	
6. Future effective date of filing	(optional):	
Signature of a manager, men person.	nber or authorized	
		Secretary of State use only
Signature		
Typed Name: Kevin P Holt, Authori	zea person	
Signature		
_		TRAIN APARCETANI AC ATATE

cert_org_itc Rev. 07/2010

IDAHO SECRETARY OF STATE

94/95/2012 95:00

CX: NONE CT: 3934 BH: 1318571

1 9 188.00 = 100.00 ORGAN LLC # 2

1 9 20.00 = 20.00 EXPEDITE C # 3