

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY FILED EFFECTIVE

(Instructions on back of application)

1. The name of, the limited liability company is:	
1. The name of the limited liability company is: Hayla Howard, LLC STATE OF DATO	
2. The complete street and mailing addresses of the initial designated office:	
1089 Guernsey Cut off, Potlatch ID 83855 (Street Address)	
(Mailing Address, if different than street address)	
The name and complete street address of the registered agent:	
Young Howard 189 Guerr (Street Address)	sey Cut off, Potlotch ID 83855
The name and address of at least one member or manager of the limited liability company:	
Layla Howard 1089 (such	nseg Cut off, Pollatch ID 8385
5. Mailing address for future correspondence (annual report notices): 1089 Guernsey Cut off, Potlatch ID 83855	
6. Future effective date of filing (optional):	
Signature of a manager, member or authorized person.	
Ka Palla	Secretary of State use only IDAHO SECRETARY OF STATE
Signature A Way Howwell	04/17/2014 05:00
Typed Name: 1 Lay la Howard	CK:NO CK# CT:295813 BH:1420734 10 100.00 = 100.00 ORGAN LLC #2
Signature	W136839
Typed Name:	10.00001