



# ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE  
07 OCT 25 AM 8:40  
SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Exceptional Wood Services, LLC

2. The street address of the initial registered office is:

5239 E Shoreline Drive; Post Falls, ID 83854

and the name of the initial registered agent at the above address is:

Don Walde

3. The mailing address for future correspondence is:

5239 E. Shoreline Drive, Post Falls, ID 83854

4. The limited liability company will be:

Manager-managed ☒ or Member-managed ☐ (please check the appropriate box)

5. If manager-managed, list the name(s) and address(es) of at least one initial manager.  
If member-managed, list the name(s) and address(es) of at least one initial member.

Name

Address

Don Walde

5239 E. Shoreline Drive, Post Falls, ID 83854

6. Signature of at least one person responsible for forming the limited liability company:

Signature: Don Walde

Typed Name: Don Walde

Capacity: Manager

Signature \_\_\_\_\_

Typed Name: \_\_\_\_\_

Capacity: \_\_\_\_\_

Secretary of State use only

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Revised 05/2007

Web Form

IDAHO SECRETARY OF STATE  
10/25/2007 05:00  
CK: 1508 CT: 218945 BH: 1082298  
1 @ 100.00 = 100.00 ORGAN LLC # 2

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