

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2015 MAY 14 AM 8: 43

(Instructions on back of application)

The name of the limited liabil     NJAO, LLC	ity company is:		STATE OF IDAHO	
<ol> <li>The complete street and mail</li> <li>100 ASPEN DRIVE POTLATCH,</li> </ol>	ing addresses of th ID 83855	e initial designated of	ffice:	
(Street Address)			<del></del>	
(Mailing Address, if different than street ad	Idress)			
3. The name and complete stree	et address of the re	gistered agent:		
NANCY L. SMITH 100 A		ASPEN DRIVE POTLATCH, ID 83855		
(Name)		(Street Address)		
<ol> <li>The name and address of at le company;</li> </ol>	east one member o	r manager of the limi	ted liability	
Name		<u>Address</u>		
NANCY L. SMITH	100 ASPEN [	100 ASPEN DRIVE POTLATCH, ID 83855		
Mailing address for future correction 100 ASPEN DRIVE POTLATCH, I	espondence (annua D 83855	al report notices):		
i. Future effective date of filing (c	optional):			
ignature of a manager, membe erson.	er or authorized			
ignature <u>Mawayfinu</u>	th [	Secretary of St	ate use only	
ped Name: NANCY L. SMITH			CRETARY OF STATE	
		05/14,	/2015 05:00	
gnature		IG 180.00 = 1	310199 BH:1475426 100.00 ORGAN LLC	
med Name:			> M.D. MY MANAGEMENT TO THE	

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