

FILED EFFECTIVE

10 OCT -6 AM 8:27



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Chapman Woodworks LLC

2. The complete street and mailing addresses of the initial designated/principal office:

PO Box 102

(Street Address)

Bonnors Ferry ID 83805

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

Donald Chapman

(Name)

243 Pine Street Moyie Springs

(Street Address)

Idaho 83845

4. The name and address of at least one member or manager of the limited liability company:

Name

Address

Donald ChapmanPO Box 102 Bonnors Ferry83805

5. Mailing address for future correspondence (annual report notices):

PO Box 102 Bonnors Ferry ID 83805

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature

[Signature]

Typed Name:

Don Chapman

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE

10/06/2010 05:00

CK: 3710257920 CT: 251007 BH: 1241931

1 @ 100.00 = 100.00 ORGAN LLC # 2

1 @ 20.00 = 20.00 EXPEDITE C # 3

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