

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY 10 MAR -1 AM 8: 24

(Instructions on back of application)

•	SECHETARY OF STATE
. The name of the limited liab	ility company is: STATE OF IDAHO
	Blue Pine Industries LLC.
. The complete street and mai	iling addresses of the initial designated/principal office:
654	8 N. River Rd. Idaho Falls, Idaho 83402
(Street Address)	
(Mailing Address, if different than street a	address)
. The name and complete stre	eet address of the registered agent:
Robert F. Warner	6548 N. River Rd. Idaho Falls, Idaho 83402
(Name)	(Street Address)
company: Name Robert F. Warner	Address 6548 N. River Rd. Idaho Falls, Idaho 83402
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•	rrespondence (annual report notices):
0040	8 N. River Rd. Idaho Falls, Idaho 83402
	(
S. Future effective date of filing	(Optional):
6. Future effective date of filing	(optional):
ignature of organizer(s). (An orga	nizer is a member, or is
Signature of organizer(s). (An orga	nizer is a member, or is ers). Secretary of State use only
Signature of organizer(s). (An organizer (s) in behalf of a member or member of members of mem	nizer is a member, or is ers). Secretary of State use only
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6. Future effective date of filing Signature of organizer(s). (An organizer or member	Secretary of State use only

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