



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

10 MAR -2 PM 12:51

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Kodiak Wildland Fire Management, LLC

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

2711 N Tanglerose Pl., Eagle, ID, 83616

(Street Address)

(Mailing Address, if different than street address)

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

Robert B. Skinner

(Name)

2711 N Tanglerose Pl., Eagle, ID, 83616

(Street Address)

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

Name

Address

Robert B. Skinner

2711 N Tanglerose Pl., Eagle, ID, 83616

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

2711 N Tanglerose Pl., Eagle, ID, 83616

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

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature

Typed Name: Robert B. Skinner

Signature

Typed Name: _____

Secretary of State use only

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Revised 07/2008

IDAHO SECRETARY OF STATE
03/02/2010 05:00
CK: 395651 CT: 172099 BH: 1210479
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