(Instruc	S OF ORGANIZATION FILED/EFFEC LIABILITY COMPANY UT APR 16 MIN 362 AM 10: 03 STATE OF UNITABLE
The second	STATE OF INAL UN STATE
The name of the limited liabilit	ty company is: Anderson's Square One Woodworks, Long
The address of the initial regist Post Falls, ID 83854	tered office is: North 285 Frederick Street, Suite B
agent at that address is:Wil	lliam Anderson and the name of the initial registered
eignature of registered agent	Dallam anderm
is management of the limited lin	
Yes	ability company vested in a manager or managers?
•	(anost appropriate Box)
If management is vested in one	
If management is vested in one east one initial manager. If man address(es) of at least one initial	or more manager(s), list the name(s) and address(es) of at nagement is vested in the members, list the name(s) and
If management is vested in one east one initial manager. If man address(es) of at least one initial <u>Name:</u>	member.
address(es) of at least one initial	I member. Address:
<u>Name:</u>	Address: North 285 Frederick Street, Suite B
<u>Name:</u>	I member. Address:
<u>Name:</u>	Address: North 285 Frederick Street, Suite B
<u>Name:</u>	Address: North 285 Frederick Street, Suite B
<u>Name:</u>	Address: North 285 Frederick Street, Suite B
William Anderson	Address: North 285 Frederick Street, Suite B Post Falls, ID 83854
William Anderson	Address: North 285 Frederick Street, Suite B Post Falls, ID 83854
<u>Name:</u>	Address: North 285 Frederick Street, Suite B Post Falls, ID 83854
William Anderson	Address: North 285 Frederick Street, Suite B Post Falls, ID 83854
William Anderson	Imember. Address:
William Anderson	Address: North 285 Frederick Street, Suite B Post Falls, ID 83854 sted in #4 above:
William Anderson	Address: North 285 Frederick Street, Suite B Post Falls, ID 83854 sted in #4 above:

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