



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2013 MAY -7 AM 8:19

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Knotty Pine Cabinets, LLC

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

183 Canyon St Twin Falls, ID 83301

(Street Address)

(Mailing Address, if different than street address)

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

Michael Meade

(Name)

183 Canyon St Twin Falls, ID 83301

(Street Address)

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

Name

Address

Michael Meade

183 Canyon St Twin Falls, ID 83301

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

Same

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

Signature of a manager, member or authorized person.

Signature

Michael J Meade

Typed Name: Michael Meade

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
05/07/2013 05:00
CK: 6292 CT: 282854 BH: 1372725
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