

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

11 MAY 26 AM 9: 22

CE.	(Instructions on ba	ck of application)	
1	The name of the limited liability of	omnany is	SECRETARY OF STATE STATE OF IDAHO
1.	The hame of the littles hability o	Kolby Ties LLC	SIAIE-OF IDATIO
2.	The complete street and mailing addresses of the initial designated/principal office:		
	2131 N. Deborah Dr. Suite 100, Idaho Falls, ID 83401		
	(Street Address) PO BOx 50922, Idaho Falls, ID 83405		
	(Mailing Address, if different than street address)	
3.	The name and complete street address of the registered agent:		
	Mark J. Radford	2131 N. Deborah Dr	. Suite 100, Idaho Falls, ID 83401
	(Name)	(Street Address)	
4.	The name and address of at least one member or manager of the limited liability company:		
	Name		<u>Address</u>
	Intermountain Paper Company Inc.	PO Box 50922, Idah	no Falls, ID 83405
	A A A A A A A A A A A A A A A A A A A		
			
5.	Mailing address for future corresp	ondence (annual rep	ort notices):
	PO Box 50922, Idaho Falls, ID 83405		
6.	Future effective date of filing (opti	onal):	
Sig	nature of a manager, member	or authorized	
	son.	<u></u>	
			Secretary of State use only
	nature		+
Тур	ed Name: Pres. Intermountain Paper	Comp. Inc.	
	and the state of t		IDAHO SECRETARY OF STATE
Sig	nature		05/26/2011 05:00 CK: 3882 CT: 214846 BH: 1275617
Tyr	ed Name:		1 @ 100.08 = 188.00 ORGAN LLC # 2

cert_org_lic Rev. 07/2010

Typed Name: _____