



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

OCT 25 AM 8:32

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

DeKirk Land Restoration LLC

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

470 Grouse Hill Road Bonners Ferry, Id 83805  
(Street Address)

(Mailing Address, if different than street address)

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

Thomas W. Mackey 470 Grouse Hill Road  
(Name) (Street Address)  
Bonners Ferry, Id 83805

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

Name	Address
<u>Thomas W. Mackey</u>	<u>470 Grouse Hill Road Bonners Ferry, Id 83805</u>
<u>Jennifer Mackey</u>	<u>470 Grouse Hill Road Bonners Ferry, Id 83805</u>
_____	_____
_____	_____
_____	_____

83805  
83805

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

470 Grouse Hill Road Bonners Ferry, Id 83805

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of a manager, member or authorized person.

Signature Jennifer Mackey  
Typed Name: Jennifer Mackey

Signature \_\_\_\_\_  
Typed Name: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE  
10/25/2011 05:00  
CK: 815885 CT: 172899 BH: 1295517  
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