

Signature ___

Typed Name: ____

CERTIFICATE OF ORGANIZATIONFILED EFFECTIVE LIMITED LIABILITY COMPANY

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The name of the limited liability compa	ıny is:	SECHETARY OF STATE STATE OF IDAHO	•
WHITE OA	AK UNLIMITI	ED, LLC	
The complete street and mailing address	sses of the	initial designated/principal office	:
85 WALKER WA	Y, SAGLE, I	DAHO 83860	
	AY, SAGLE,	IDAHO 83860	
•	• •		
The name and complete street address	s of the reg	istered agent:	
BENJAMIN J. PALMER	85 WAI	LKER WAY, SAGLE, IDAHO 83860	
(Name) (S	Street Address)		
The name and address of at least one company:	member o	manager of the limited liability	
Name LORIANN C. HANNAMAN	85 WL	Address AKER WAY, SAGLE IDAHO 83860	:
			4
			<u></u>
	······		1
Mailing address for future corresponder	nce (annua	al report notices):	. ;
85 WALKER WA	AY, SAGLE I	DAHO 83860	
Future effective date of filing (optional):		N/A	- - -
• • • • • • • • • • • • • • • • • • • •	mber, or is		
		Secretary of State use only	, <u>.</u>
nature McM		3	
ed Name: LORIANN C. HANNAMAN		m 820r	5
	The name of the limited liability compared white Order of the complete street and mailing address to WALKER	The name of the limited liability company is: WHITE OAK UNLIMITE The complete street and mailing addresses of the 85 WALKER WAY, SAGLE, (Street Address) 85 WALKER WAY, SAGLE, (Mailing Address, if different than street address) The name and complete street address of the reg BENJAMIN J. PALMER 85 WALKER WAY, SAGLE, (Street Address) The name and address of at least one member of company: Name LORIANN C. HANNAMAN 85 WALKER WAY, SAGLE I Future effective date of filing (optional): Inature of organizer(s). (An organizer is a member, or is no in behalf of a member or members).	The complete street and mailing addresses of the initial designated/principal office 85 WALKER WAY, SAGLE, IDAHO 83860 (Street Address) 85 WALKER WAY, SAGLE, IDAHO 83860 (Mailing Address, if different than street address) The name and complete street address of the registered agent: BENJAMIN J. PALMER 85 WALKER WAY, SAGLE, IDAHO 83860 (Name) The name and address of at least one member or manager of the limited liability company: Name Address LORIANN C. HANNAMAN 85 WLAKER WAY, SAGLE IDAHO 83860 Mailing address for future correspondence (annual report notices): 85 WALKER WAY, SAGLE IDAHO 83860 Future effective date of filing (optional): N/A N/A Secretary of State use only Secretary of State use only

IDAHO SECRETARY OF STATE

09/21/2009 05:00

CK: 4753 CT: 104274 BH: 1187887
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