

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2014 FEB 21 AM 9: 24

(Instructions on back of application)

| TTO V | (Instructions on back | of application) | SFORTAL VILLENATE |
|----------------|---|-----------------------------|--|
| 1. Th | ne name of the limited liability con | npany is: | SECRETALY OF STATE STATE OF IDAHO |
| ı | Larson Rock, LLC | | 011 11 12 11 11 11 10 1 1 1 1 1 1 1 1 1 |
| 2. Th | The complete street and mailing addresses of the initial designated office: | | |
| | 1062 Guernsey Cutoff, Potlatch, ID 83855 | | |
| (5 | (Street Address) | | |
| (| (Mailing Address, if different than street address) | | |
| 3. Th | The name and complete street address of the registered agent: | | |
| | James G. Larson | 1062 Guernsey Cutoff, Potla | tch, ID 83855 |
| 7 | Name) | (Street Address) | |
| | ne name and address of at least o ompany: <u>Name</u> | <u>Address</u> | |
| | James G. Larson 1062 Guernsey Cutoff, Potlatch, ID 83855 | | ntch, ID 83855 |
| - | | | |
| 5. M | lailing address for future correspor | ndence (annual report not | ices): |
| | 1062 Guernsey Cutoff, Potlatch, ID 8385 | | |
| 6. F | uture effective date of filing (option | nal): | |
| Signa perso | ature of a manager, member or | authorized | |
| Signa | () 97.1 | | Secretary of State use only |
| Typed | Name: James G. Larson | | |
| | ture | | IDAHO SECRETARY OF STATE |
| Турес | d Name: | | 02/21/2014 05:0 CK: 19472 CT: 293262 BH: 1411 |

W134631