

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

11 DEC -9 PM 12: 30

(Instructions on back of application)

_	(motivations on buck	or application)	STATE OF IDAHO
1.	The name of the limited liability com	pany is:	STATE OF IDAHU
The Wood Bros., LLC			
2.	The complete street and mailing add	resses of the initial designate	d office:
	658 N. Principle Place #505 Meridian, Idaho 83642		
	(Street Address) P.O. Box 1566 Meridian, Idaho 83680		
	(Mailing Address, if different than street address)		<u></u>
3.	e name and complete street address of the registered agent:		
	George T. Mosgrove	658 N. Principle Place #505 Merid	ian, Idaho 83642
	(Name)	(Street Address)	
4. The name and address of at least one member or manager of the limited liab company:			
	<u>Name</u>	Address	
	George Thomas Mosgrove	658 N. Principle Place #505 Merid	lian, Idaho 83642
	Robert B. Campbell	658 N Principle Place #505 Merid	ian, Idaho 83642
 Mailing address for future correspondence (annual report notices): P.O. Box 1566 Meridian, Idaho 83680 			
U.	Future effective date of filing (options	a):	
Sia	nature of a manager, member or	authorized	
	son.	<u></u>	
		Secreta	ry of State use only
_	nature Coord Theory		
ıyp	ed Name: George T Mosgrove	12/6	NO SECRETARY OF STATE
Sìar	nature	CK: 84993 1 @ 100.8	0 CT: 172099 BH: 1301060 8 = 188.00 ORGAN LLC # 2 8 = 28.00 EXPEDITE C # 3
	ed Name:		
A 1-			W108878