

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE 2013 JUL 12 PM 4: 06

(Instructions on back of application)

The name of the limited liability concreative Packaging, LLC	mpany is: SECRETARY OF STATE STATE OF IDAHO
839 E. Winding Creek Dr., Suite 202, Ea (Street Address) P.O. Box 2536, Eagle, ID, 83616 (Mailing Address, if different than street address)	
3. The name and complete street address of the registered agent:	
Timothy Burke (Name)	839 E. Winding Creek Dr., Suite 202, Eagle, ID 83616 (Street Address)
The name and address of at least one member or manager of the limited liability company:	
Name Timothy Burke	Address P.O. Box 2536, Eagle, ID, 83616
5. Mailing address for future correspondence (annual report notices): P.O. Box 2536, Eagle, ID, 83616 6. Future effective date of filing (optional): Signature of a manager, member or authorized	
person. Signature Typed Name: Stephen C. Hardesty	Secretary of State use only
Signature Typed Name:	50. 7575 -F. FETS 60.500