



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

11 DEC -9 AM 8:50

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Ailor Whitepine, LLC

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

1451 Ailor Road, Deary ID 83823

(Street Address)

(Mailing Address, if different than street address)

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

Leona J. Ailor

(Name)

1451 Ailor Road, Deary ID 83823

(Street Address)

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

Name

Address

Leona J. Ailor

1451 Ailor Road, Deary ID 83823

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

1451 Ailor Road, Deary ID 83823

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Leona J. Ailor

Typed Name: Leona J. Ailor, Member

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE
12/09/2011 05:00
CK: 2606 CT: 256982 DN: 1300966
1 @ 100.00 = 100.00 ORGAN LLC # 2

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