

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

SEGO AY CONTE

WE D	(Instructions on back	k of application) Six	IE OF IDA
1. T	he name of the limited liability co	mpany is:	~, 1U,4)-1
	-	tipple Industries, LLC	
2. T	The complete street and mailing addresses of the initial designated office:		
	011 S Main Street; Kooskia, ID 83509	•	
	(Street Address) PO Box 70; Kooskia, ID 83509		
•	(Mailing Address, if different than street address)		
3. T	The name and complete street address of the registered agent:		
	Jeff Nichols	811 6th Avenue; Lewiston, ID 83501	
	(Name)	(Street Address)	
	ompany:	one member or manager of the limited liabili  Address	ty
	Name Shori Crouse	761 Hidden Valley Road South, Florence, MT 59	830
,	Shoni Graves		
	Brandon Graves	761 Hidden Valley Road South, Florence, MT 59	830
			:
•			
•	<u> </u>		
5 M	lailing address for future correspo	indence (annual report notices):	
	PO Box 70; Kooskia, ID 83539	manico (amidar ropore monoco).	
	O DOX FO, MOOSKIA, ID GOODS		
6. F	uture effective date of filing (optio	nal):	·
	3(1)		
Siana	ature of a manager, member o	r authorized	
perso	<del>-</del> .		<del> </del>
	. el _	Secretary of State use onl	у .
•	iture De Asia S		
Туре	d Name: Brandon Graves		
C!			
_	iture	<u> </u>	:
Туре	d Name:		TABY OF STATE

IDAHO SECRETARY OF STATE
12/02/2011 05:00
CX: 1007 CT: 264579 BH: 1300029
1 9 108.00 = 100.00 ORSAN LLC # 2
1 9 20.00 = 28.66 EXPEDITE C # 3

W108700