

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2018 JAN -3 PM 1:51

FILED EFFECTIVE

Title 30, Chapters 21 and 25, Idaho Code Filing fee: \$100 typed, \$120 not typed

SECRETARY OF STATE STATE OF IDAHO

Complete and submit the application in duplicate.

1. The name of the limited liability company is: Twining LLC . (Remember to include the words "Limited Liability Company," "Limited Company," or the abbreviations L.L.C., LLC, or LC) 2. The complete street and mailing addresses of the principal office is: 7142 Second Street, Bonners Ferry, ID 83805 (Street Address) PO Box 632, Bonners Ferry, ID 83805 (Exacting Address, if different) 3. The name of the registered agent and the street address of the registered agent: Jamie Twining 353 Heideman Rd., Bonners Ferry, ID 83805 (Name) (Address cannot be a post office box or postal mail box.) The name and address of at least one governor of the limited liability company: Jamie Twining PO Box 632, BonnersFerry, ID 83805 (Name) (Name) (Address) (Name) (Address) (Name) (Address) 5, Mailing address for future correspondence (annual report notices): PO Box 632, Bonners Ferry, ID 83805 (Address) Signature of organizer(s). Secretary of State use only Signature: \_ Printed Name: Jamie Twining IDAHO SECRETARY OF STATE 01/03/2018 05:00

CK:16068158 CT:172099 BH:1619250 10 100.00 = 100.00 ORGAN LLC #2 10 20.00 = 20.00 EXPEDITE C #3

WIGMAI

Printed Name: -

Signature:

Rev. 11/2015