

CERTIFICATE OF ORGANIZATIONFILED EFFECTIVE LIMITED LIABILITY COMPANY 10 JAN 19 AM 8: 58

(Instructions on back of application)

	SECRETARY OF STATE
The name of the limited liability	y company is: STATE OF IDAHO
	PoorMan Timber, LLC
	g addresses of the initial designated/principal office:
1041 Duf (Street Address)	ffield Flat Road, Potlatch, Idaho 83855
(Mailing Address, if different than street add	
The name and complete street	address of the registered agent:
Casey Blood	1041 Duffield Flat Road, Potlatch, Idaho 83855
(Name)	(Street Address)
company:	ast one member or manager of the limited liability
<u>Name</u> Noia Koesel	Address PO Box 3082, Deer Park, Washington 99005
Marcia Murray	PO Box 1694, Post Falls, Idaho 83877
Casey Blood	1041 Duffield Flat Road, Potiatch, Idaho 83855
Ellery Blood	820 Boucher Avenue, Annapolis, Maryland 21403
. Mailing address for future corre	espondence (annual report notices):
_	iffield Flat Road, Potlatch, Idaho 83855
. Future effective date of filing (c	optional):
gnature of organizer(s). (An organi	verie a member or is
griature of organization. (All organizations in behalf of a member or members),
\sim \sim \sim \sim \sim \sim \sim	Secretary of State use only
gnature Yola Koesel med Name: Nola Koe	3002.1
ped Name: Nota Koe	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
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