



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE
2013 AUG 26 AM 9:45

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

ARNOLD WOODWORKING LLC

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

1585 NORTH BUCKLER WAY, KUNA, ID 83634
(Street Address)

(Mailing Address, if different than street address)

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

STORMY ARNOLD
(Name)

1585 NORTH BUCKLER WAY, KUNA, ID 83634
(Street Address)

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

Name

Address

RONNIE ARNOLD

1585 NORTH BUCKLER WAY, KUNA, ID 83634

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

1585 NORTH BUCKLER WAY, KUNA ID 83634

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature

Typed Name:

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE
08/27/2013 05:00
CK: 20640219557 CT: 206053 BH: 1307650
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