



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

2012 SEP -6 AM 9:19

1. The name of the limited liability company is:

Wolverine Tree Farm LLC SECRETARY OF STATE
STATE OF IDAHO

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

5449 Longhurst Ave, Iona, ID 83427
(Street Address)

PO Box 465, Iona, ID 83427
(Mailing Address, if different than street address)

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

Kim R. Getsinger 5449 Longhurst, Iona, 83427
(Name) (Street Address)

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

Name	Address
<u>S. Marcella Getsinger</u>	<u>5449 Longhurst, Iona 83427</u>
<u>Kim R. Getsinger</u>	<u>"</u>
_____	_____
_____	_____
_____	_____

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

PO Box 465, Iona, ID 83427

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

Signature of a manager, member or authorized person.

Signature Kim R. Getsinger
Typed Name: Kim R. Getsinger

Signature Marcella Getsinger
Typed Name: Marcella Getsinger

Secretary of State use only

IDAHO SECRETARY OF STATE
09/06/2012 05:00
CK: 1186 CT: 274003 BH: 1338765
1 @ 100.00 = 100.00 ORGAN LLC # 2

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