



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

11 MAY -6 AM 8:43

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Traditional Ways LLC

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

1110 Bryan Ave, Salmon, Idaho 83467

(Street Address)

(Mailing Address, if different than street address)

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

Stefani Lynn Melvin

(Name)

1110 Bryan Ave, Salmon, Idaho 83467

(Street Address)

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

Name

Address

Sherri K. Goodman

1109 Bryan Ave, Salmon, Idaho 83467

Stefani Lynn Melvin

1110 Bryan Ave, Salmon, Idaho 83467

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

1110 Bryan Ave, Salmon, Idaho 83467

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: Sherri K. Goodman

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE
05/06/2011 05:00
CK: 1956 CT: 258555 BH: 1272583
1 @ 100.00 = 100.00 ORGAN LLC # 2

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