FILED EFFECTIVE



Capacity: _

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

10 AMG -7 AM 8:48

STATE OF IDAHO (Instructions on back of application) 1. The name of the limited liability company is: T.C. QUARTER HORSES, LLC 2. The street address of the initial registered office is: 5617 HIGHWAY 52, NEW PLYMOUTH. IDAHO 83655 and the name of the initial registered agent at the above address is: **CORALEE NELSON** 3. The mailing address for future correspondence is: 5617 HIGHWAY 52, NEW PLYMOUTH, IDAHO 83655 4. Management of the limited liability company will be vested in: Manager(s) or Member(s) [(plenue check the appropriate box) 5. If management is to be vested in one or more manager(s), list the name(s) and address(es) or at least one initial manager. It management is to be vested in the member(s), list the name(s) and address(es) of at least one initial member. Name Address 5617 HWY 52, NEW PLYMOUTH, ID 83655 CORALEE NELSON 5617 HWY 52, NEW PLYMOUTH, ID 83655 TROY NELSON 6. Signature of at least one person responsible for forming the limited liability company: Signature: Secretary of State use only Typed Name: L. D. WEES Capacity: ORIGINATOR Signature _____ Typed Name: ________

IDAHO SECRETARY OF STATE

08/07/2003 05:00

CK: CASH CT: 172888 BH: 695856
1 8 100.00 = 100.00 ORGAN LLC # 2

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