

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY 09 OCT 16 AM 8: 18

(Instructions on back of application)

1.	The name of the limited liability company	is:	•	SECRETARY OF STATE STATE OF IDAHO	
	Snake River Worr	ms & Ca	stings, Ll		
2.	The complete street and mailing addresses 44 South 2nd East #			• •	
	(Street Address)				
	(Mailing Address, if different than street address)			······································	
3.	The name and complete street address of	the reg	istered	agent:	
	Byron Chandler Moore		h 2nd Ea	st #19, Rexburg, ID 83440	3 B
	(Name) (Street	t Address)			·
4.	The name and address of at least one mer company:  Name  Becky L. Groll		_	er of the limited liability  Address 5, Tipton, MO 65081	₩
	Terry J. Groll	30630 Hwy 5, Tipton, MO 65081			
	•				
5.	Mailing address for future correspondence 44 South 2nd East #	•	•	<del>-</del>	
6.	Future effective date of filing (optional):				
_	nature of organizer(s). (An organizer is a membeing in behalf of a member or members).	er, or is			
aulli		ſ,	2	Secretary of State use only	
Sig	nature Medicy Model				
Тур	ped Name: Becky L. Groll		5		
_	nature ped Name:		copwormst.L.C formstart_org_mc.Pekt.	IDAHO SECRETARY OF ST 10/16/2009 05 CK: 58264858687 CT: 241468 1 9 109.00 = 100.00 DRSA	ATE 5 = <b>60</b> BH: 11914 N LLC # 8

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