r		
	CERTIFICATE OF C	
No. of	(Instructions on back	••
1. Tř	ne name of the limited liability con	npany is: SECRETARY OF STATE Agic Valley Saver LLC STATE OF IDAHO
2. The complete street and mailing addresses of the initial designated office: 2848 Highway 46 Wendell, ID 83355		
((Street Address) 48 Blue Lakes Blvd N #335 Twin Falls, I Mailing Address, if different than street address)	D 83301
3. The name and complete street address of the registered agent:		
/ _	effrey C Hocklander _{Name)}	2848 Highway 46 Wendell,ID 83355 (Street Address)
 The name and address of at least one member or manager of the limited liability company: 		
	Name	Address
J	effrey C Hocklander	148 Blue Lakes Blvd N #335 Twin Falls, ID 83301
 Mailing address for future correspondence (annual report notices): 148 Blue Lakes Blvd N #335 Twin Falls, ID 83301 		
6. Fi	uture effective date of filing (option	nal):
Signa perso	ture of a manager, member or n.	
		Secretary of State use only
	ture 20010 throad	
Typed	Name: Jeffrey C Hocklander	· · · · · · · · · · · · · · · · · · ·
Signat	ture	
1	Name:	IDAHO SECRETARY OF STATE 03/02/2012 05:00 CK: 19459331260 CT: 267656 BH: 1313211
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