

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

11 OCT 20 AM 11:46

<u> </u>	(Instructions o	on back of application)		SECRETARY OF STATE OF IDAHO
1. The nam	ne of the limited liab	ility company is:		OTHE OF IDMITO
		TAndB Forkli	fts LLC	· ·
	The complete street and mailing addresses of the initial designated/principal office: 4709 Hwy 72 New Plymouth Idaho 83655			
(Street Add	iress)		<del></del>	
(Mailing Ac	idress, if different than street a	address)		
3. The nam	ne and complete stre	et address of the regi	stered agen	t:
Tim Hust	ted	4709 Hwy 72 N	4709 Hwy 72 New Plymouth Idaho 83655	
(Name)		(Street Address)	(Street Address)	
4. The nam		least one member or	manager of	the limited liability
	Name		Addı	<del></del>
Bobbie H	lusted	4709 Hwy 72 N	ew Plymouth	Idaho 83655
Tim H	lusted		11	***
<del></del>				
5. Mailing a	address for future co	rrespondence (annual	report notic	ces):
4709 Hw	y 72 New Plymouth Idah	no 83655		
6 Euturo e	ffective date of filing	(antional):		
o. Futule e	necave date or ming	(Optional).		
Signature or person.	f a manager, mem	ber or authorized		
porooni	a .1. al	į	s	acretary of State use only
Signature	Im Huster			
Typed Name	: Tim Husted			
Signature	sony du	tal		THAMA CEPARTANA OF AVARA
Typed Name	Bobbie Husted	_		IDAHO SECRETARY OF STATE 10/20/2011 05:0

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10/20/2011 05:00 CK: 2172 CT: 263470 BH: 1294996 1 8 108.00 = 100.00 ORGAN LLC # 2