

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY NOV 22 AM 8: 33

(Instruction	is on back of applicati	on)
1. The name of the limited l	iability company is:	SECRIT BY OF STATE STATE STATE OF IDAHO
and the second s	CROP WATCH CONSI	-1 10/11/0
2. The complete street and r	mailing addresses of t	he initial designated/principal office:
1801 BENNETT AVENUE	BURLEY, IDAHO 83318	В
(Street Address)		
(Mailing Address, if different than str	eet address)	
3. The name and complete s	street address of the re	egistered agent:
STEVEN C. WILKIE	1801 BENN	ETT AVENUE BURLEY IDAHO 83318
(Name)	(Street Addres	ss)
company: Name		<u>Address</u>
STEVEN C. WILKIE	1801 BENN	IETT AVENUE BURLEY IDAHO 83318
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5. Mailing address for future 1801 BENNETT AVENUE BU	•	ual report notices):
1801 BENNETT AVENUE BU	JRLET IDAHO 63316	
. Future effective date of fili	ng (optional):	
ignature of a manager, me erson.	ember or authorized	
0	06-	Secretary of State use only
gnature Men a _	moke	
/ped Name: MEMBER	.	
gnature		IDAHO SECRETARY OF STATE
<u> </u>		11/22/2010 05:01
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