



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2012 OCT -1 AM 10:14

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

BEN KUNZ FARMS LLC

2. The complete street and mailing addresses of the initial designated office:

705 WASHINGTON ST, MONTPELIER, ID 83254

(Street Address)

705 WASHINGTON ST, MONTPELIER, ID 83254

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

BENJAMIN KUNZ

(Name)

705 WASHINGTON ST, MONTPELIER, ID 83254

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

**Name**

**Address**

BENJAMIN KUNZ

705 WASHINGTON ST, MONTPELIER, ID 83254

5. Mailing address for future correspondence (annual report notices):

705 WASHINGTON ST, MONTPELIER, ID 83254

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of a manager, member or authorized person.

Signature

Typed Name: BENJAMIN KUNZ

Signature \_\_\_\_\_

Typed Name: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE  
10/01/2012 05:00  
CK: 215 CT: 274818 BH: 1341928  
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