



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

1. The name of the limited liability company is:

Double S Farms, LLC

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

538 E 1250 N Shelley, ID 83274

(Street Address)

PO Box H Shelley, ID 83274

(Mailing Address, if different than street address)

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

Bryan Searle

(Name)

538 E 1250 N Shelley, ID 83274

(Street Address)

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

Name

Address

Bryan Searle

538 E 1250 N Shelley, ID 83274

Scott Searle

959 E 1400 N Shelley, ID 83274

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

PO Box H Shelley, ID 83274

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature

Typed Name: Bryan Searle

Signature

Typed Name: Scott Searle

Secretary of State use only

IDaho SECRETARY OF STATE
09/13/2012 05:00
CX: 1131852 CT: 172899 BH: 1339685
1 @ 100.00 = 100.00 ORGAN LLC # 2