



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

11 FEB -9 AM 8:46

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

SPRINGTIME NURSERY LLC

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

849 SAND CREEK ROAD, ST ANTHONY ID, 83440

(Street Address)

(Mailing Address, if different than street address)

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

SOMERLI PINNOCK

(Name)

849 SAND CREEK ROAD, ST ANTHONY ID, 83440

(Street Address)

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

Name

Address

SOMERLI PINNOCK

849 SAND CREEK ROAD, ST ANTHONY ID, 83440

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

849 SAND CREEK ROAD, ST ANTHONY ID, 83440

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

Signature of a manager, member or authorized person.

Secretary of State use only

Signature

Somerli Pinnock

Typed Name:

Somerli Pinnock

Signature

Typed Name:

W100357