

251

FILED EFFECTIVE


CERTIFICATE OF ORGANIZATION
LIMITED LIABILITY COMPANY

2013 APR 25 PM 4:02

SECRETARY OF STATE
STATE OF IDAHO

(Instructions on back of application)

1. The name of the limited liability company is:

SNARR FARMS, LLC

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

3977 North 35th West Idaho Falls, Idaho 83402

(Street Address)

(Mailing Address, if different than street address)

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

BRYAN SNARR, CPA

(Name)

3977 North 35th West, Idaho Falls, Idaho 83402

(Street Address)

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

Name

Address

BRYAN SNARR, MANAGER

3977 North 35th West, Idaho Falls, Idaho 83402

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

3977 North 35th West, Idaho Falls, Idaho 83402

6. Future effective date of filing (optional):
- N/A Please File Upon Receipt

Signature of a manager, member or authorized person.

Signature Bryan S., CPA
Typed Name: BRYAN SNARR, CPA

Secretary of State use only

Signature _____
Typed Name: _____IDAHO SECRETARY OF STATE
04/26/2013 05:00
CK: 1375343 CT: 172099 BH: 1371219
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