

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY 09 DEC 21 AM 9: 54

(Instructions on back of application)		SECRETARY OF STATE
1. The name of the limited lia	ability company is:	STATE OF IDAHO
GA	ARY AND DALE ROBSON FARM	ING, LLC
2. The complete street and m	nailing addresses of the initia	al designated/principal office:
	11185 North Highway 32	
(Street Address)	Felt, ID 83424	
(Mailing Address, if different than street	et address)	
3. The name and complete st	treet address of the registere	ed agent:
Gregory P. Meacham	2000 Jennie Le	ee Drive, Idaho Falls, ID 83404
(Name)	(Street Address)	
The name and address of company:	at least one member or mar	*
Name	44406 blank	Address
Gary M. Robson		Highway 32, Felt, ID 83424
Dale R.Robson	11115 North	Highway 32, Felt, ID 83452
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5. Mailing address for future	correspondence (annual rep	ort notices):
2000) Jennie Lee Drive, Idaho Falls, Id	aho 83404
6. Future effective date of filir	ng (optional):	
Signature of organizer(s). (An or acting in behalf of a member or mem	-	
	į	Secretary of State use only
Signature 15 mg m	Rotu	W89180
Typed Name: Gary M	M. Robson	000
# n n a.A	M. Robson M. Robson R. Robson	IDAHO SECRETARY OF STATE
Signature Dale R.R.M.	P Bohson	12/21/2009 05:1 CK: 1667 CT: 227503 BH: 1280
Typed Name: Dale I	R.Robson	1 8 180.88 = 188.88 ORGAN LL