



CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 OCT -4 AM 8:53

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Mopar Meadows Farm, LLC

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

22 South Robinson Rd; Nampa, ID 83687

(Street Address)

(Mailing Address, if different than street address)

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

Katrina L. Jones

(Name)

22 South Robinson Rd; Nampa, ID 83687

(Street Address)

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

Name

Address

Katrina L. Jones

22 South Robinson Rd; Nampa, ID 83687

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

22 South Robinson Rd; Nampa, ID 83687

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

Signature of a manager, member or authorized person.

Signature Katrina L. Jones

Typed Name: Katrina L. Jones

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
10/04/2010 05:00
CK: 5203 CT: 251745 BH: 1241500
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