

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY 11 HAY 25 AM 9: 11

FILED EFFECTIVE

(Instructions on	back of	application)

1. The name of the limited liability con	npany is: SECRETARY OF STATE STATE OF IDAHO	
Spra	ay Rite Landing, LL C	
	dresses of the initial designated/principal office:	
342 S, Highway 27, Burley, Idaho 83318		
(Street Address) P. O. Box 1109, Burley, Idaho 83318		
(Mailing Address, if different than street address)		
3. The name and complete street addr	ess of the registered agent:	
Kraig K. Franks	342 S. Highway 27, Burley, Idaho	
(Name)	(Street Address)	
The name and address of at least or company:	ne member or manager of the limited liability	
Name	<u>Address</u>	
Kraig K. Franks	342 S. Highway 27, PO Box 1109, Burley, Idaho 83318	
John T. Cooper	2445 River Road, Heyburn, Idaho 83336	
5. Mailing address for future correspon	dence (annual report notices):	
PO Box 1109, Burley, Idaho 83318		
6. Future effective date of filing (option	al):	
Signature of a manager, member or	authorized	
person.	authorized	
	Secretary of State use only	
Signature Kunia Ko Fundas		
Typed Name: Kraig K. Franks		
1) 1	IDAHO SECRETARY OF STATE	
Signature Soll Comm	95/25/2011 95:99	
Typed Name: John T. Cooper	1 0 100.00 = 100.00 ORGAN LLC # 2	
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