## FILED EFFECTIVE



## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2015 FEB 26 AMIII | |

	(Instructions on back of application)		SECRETARY OF STATE
1. The name	e of the limited liab	ility company is:	anna or IDAGO
EVANS B	ROTHERS FARMS, LL	-c	
=	olete street and mai	=	nitial designated office:
(Sirest Addr	· · · · · · · · · · · · · · · · · · ·		·
(Mailing Add	iress, if different than street a	address)	
		eat address of the regis	stered agent:
Jared M.	Jared M. Harris		e St., Blackfoot, ID 83221
(Name)	(Name)		
Name Gary D. Evans		<del></del>	Address Blackfoot, ID 89221
Blaine M.	Biaine M. Evans		, Blackfoot, ID 83221
Douglas M, Evans		124 N. 1075 W	, Blackfoot, ID 83221
<del></del>			
. Mailing a	ddress for future co	rrespondence (annual	report notices):
•	wy 91, Biackfoot, ID 832	•	ropon nodecoy.
Future eff	fective date of filing	(optional):	
-	a manager, mem	ber or authorized	
erson.	1		Secretary of State use only
ignature <u>/</u>	(my D/a	vt-	
yped Name:	Gary D. Evans		
			10AHO SECRETARY OF STA 02/26/2015 05:0
ignature	17/1812 ME		CK:2612356 CT:172099 BH
yped Name:	Blaine M. Evans		16 100.00 = 100.00 ORGA

cert\_org\_lic Rev. 07/2010

9/21/2012

W148377