

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

10 APR -2 AM 9: 24

. The name of the limited liability co	ompany is: SECRETARY OF STATE OF IDA
	Canopy, LLC
The complete street and mailing a	addresses of the initial designated/principal office:
2443 E	1st Street Fruitland, ID 83619
(Street Address)	
(Mailing Address, if different than street address))
3. The name and complete street ad-	Idress of the registered agent:
Lucas H. Proctor	2443 E 1st Street Fruitland, ID 83619
(Name)	(Street Address)
The name and address of at least company:	t one member or manager of the limited liability
Name	Address
Lucas Proctor	2443 E 1st Street Fruitland, ID 83619
Janette Proctor	2443 E 1st Street Fruitland, ID 83619

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

2443 E 1st Street Fruitland, ID 83619

6. Future effective date of filing (optional):

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature____

Typed Name:

Lucas H Proctor

Signature

Typed Name:

Janette Proctor

Secretary of State use only

W92125