FILED EFFECTIVE



251

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2009 NOV 23 PM 3: 57

	(Instructions on back	k of application) STATE OF IDA	HO _
1.	The name of the limited liability con	mpany is:	
		Bees Alive, LLC	
2.	•	dresses of the initial designated/principal office State St., Shelley, ID 83274	•
	(Street Address)		
	(Mailing Address, if different than street address)		
3.	The name and complete street addr	ress of the registered agent:	
	Roy Cox	456 S. State St., Shelley, ID 83274	
	(Name)	(Street Address)	
	The name and address of at least or company:	one member or manager of the limited liability	
	Name	Address	
	Roy Cox	456 S. State St., Shelley, ID 83274	
	Merrill Cox	456 S. State St., Shelley, ID 83274	
			•
			······································
	Molling address for future correspond	ndence (annual report notices):	Market Ma
5. 1	Mailing address for future correspond 456 S. Sta	ndence (annual report notices): tate St., Shelley, ID 83274	Activities
5. i	· · · · · · · · · · · · · · · · · · ·		Managa a
	· · · · · · · · · · · · · · · · · · ·	tate St., Shelley, ID 83274	
6.	456 S. Sta	nal):	
6. I Sign	456 S. State Future effective date of filing (options ature of organizer(s). (An organizer is a	nal):	
6. I Sign	456 S. Sta	tate St., Shelley, ID 83274 nal): member, or is Secretary of State use only	
6. I Sign cting	Future effective date of filing (options ature of organizer(s). (An organizer is a in behalf of a member of members).	tate St., Shelley, ID 83274 nal): member, or is Secretary of State use only	
6. I Sign cting	Attack At	tate St., Shelley, ID 83274 nal): member, or is Secretary of State use only	
6. I Sign cting Sign	Future effective date of filing (options ature of organizer(s). (An organizer is a in behalf of a member of members).	nal): member, or is Secretary of State use only nizer Though Secretary of	STATE

