

## CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

	(**************************************	Eddit of application)	ען אטע 12 AM 8: 4!
1. The na	ame of the limited liabil	lity company is:	p.a.s.
	lly Farms, LLC		SIGN STATE OF IDAHO
2. The co	mplete street and maili	ing addresses of the initial designate	ed office:
	ers Ferry, ID 83805		
	Address, if different than street ad		
3. The na	me and complete stree	et address of the registered agent:	
	McNally	4146 District Two Road, Bonners	Ferry, ID 83805
(Name)		(Street Address)	
4. The na	me and address of at le	east one member or manager of the	limited liability
\$4-XI-#	Name	Address	
MCNall	y Family Trust	4146 District Two Road, Bonners	Ferry, ID 83805
<del>.</del>			
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5 Mailing	address for future com	annondonos (accustos de la constanta de la con	
4146 D	istrict Two Road, Bonners F	espondence (annual report notices).	:
	10000	erry, idaile 63663	
6. Future e	effective date of filing (d	optional)·	
	,		
Signature of person.	of a manager, membe	er or authorized	
_		Secreta	ry of State use only
Signature (	1- Ch.	400	
Typed Name	James Kev McNally, Tr	ustee	
Cianat			
	<u> </u>		IDAHO SECRETARY OF STATE
Typed Name	j		/12/2013 05:00 1011 CT: 204195 RV: 1277710
		1 0 10	10.00 = 100.00 OKGAN LLC # 2