

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

2015 JUL - 1 PH 4: 43

- <u>Y</u>	(Instructions on back	cor application,	SECRETARY OF STATE STATE OF IDAHO
1.	The name of the limited liability cor	mpany is:	STATE OF IDAILO
	Anderson Livestock, LLC		
2.	The complete street and mailing addresses of the initial designated office:		
	13696 North 105 E Idaho 1		
	(Street Address)		
	(Mailing Address, if different than street address)		
3.	The name and complete street address of the registered agent:		
		40000 N . 4 405 T	A Marka Falla (daka 00404
	Shirley Williams		st, Idaho Falls, Idaho 83401
	(Name)	(Street Address)	
4.	The name and address of at least one member or manager of the limited liability company:		
	<u>Name</u>	<u>Address</u>	
	Shirley Williams	13696 North 105 East, Idaho Falls, Idaho 83401	
5.	Mailing address for future corresponding 13696 North 105 E Idaho		
	· · · · · · · · · · · · · · · · · · ·	Falls ID 83401	
6. Sig	13696 North 105 E Idaho Future effective date of filing (option nature of a manager, member of	Falls ID 8340°	
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6. Sig per Sig Typ	13696 North 105 E Idaho Future effective date of filing (option nature of a manager, member option).	Falls ID 8340	Secretary of State use only

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