



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

09 MAR 18 AM 8:29

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Spring Hollow Farm, LLC

2. The complete street and mailing addresses of the initial designated/principal office:

3291 East 3387 North, Kimberly, ID 83341

(Street Address)

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

401 Gooding St #201

John A Coleman

Twin Falls, ID 83303-1293

(Name)

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

NameAddress

Leslie P Taylor

3291 East 3387 North, Kimberly, ID 83341

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

PO Box 1293, Twin Falls, ID 83303-1293

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

John A Coleman

Signature

Typed Name:

Secretary of State use only

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Revised 07/2008IDAHO SECRETARY OF STATE
03/18/2009 05:00
CK: 1189 CT: 183315 BN: 1161793
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