FILE



ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

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SECRETARY OF STATE STATE OF IDAHO

1.	The name of the limited liability compa	any is:	•	STATE OF IDAHO	
	Moss Produce, LLC				
2.	The street address of the initial registered office is: 390 North 925 East, Declo, Idaho 83323				
				o io:	
	and the name of the initial registered	agent at the	above address	5 IS.	
	Daniel D. Moss	<u>.</u>	<u> </u>		
3.	The mailing address for future correspondence is:				
	390 North 925 East, Declo, Idaho 83323				
4.	Management of the limited liability con	lanagement of the limited liability company will be vested in:			
	Manager(s) ✓ or Member(s) ☐ (please check the appropriate box)				
5.	If management is to be vested in one or more manager(s), list the name(s) and address(es) of at least one initial manager. If management is to be vested in the member(s), list the name(s) and address(es) of at least one initial member.				
	Name		A	address	
	Daniel D. Moss	390 N 925 E, Declo, Idaho 83323			
			······································	·	
6	Signature of at least one person responsible for forming the limited liability company:				
	Signature: Asset William Secretary of State use only				
	Typed Name: Daniel D. Moss		ht-noilez		
	Capacity: Manager/		colorgani		
			yms/arts	IDAHO SECRETARY OF STATE	
	Signature		OptionmaLLCformstarts.dorganization p65 Revised 07/2002	CK: 19982 CT: 15366 BH: 1978618	
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