



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2013 JAN 31 AM 9:19

1. The name of the limited liability company is:

Harrison Flats Farm LLC,

SECRETARY OF STATE
STATE OF IDAHO

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

4960 Holiday Rd Harrison ID 83833

(Street Address)

P.O Box 72 Harrison ID 83833

(Mailing Address, if different than street address)

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

Nadine Maroney

(Name)

4960 Holiday Rd Harrison ID 83833

(Street Address)

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

Name

Address

Nadine Maroney

P.O Box 72 Harrison ID 83833

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

P.O Box 72 Harrison ID 83833

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature

Nadine Maroney

Typed Name: Nadine Maroney

Signature _____

Typed Name: _____

Secretary of State use only

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01/31/2013 05:00
CK: 1937 CT: 270857 BH: 1358244
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