CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIV

2011 JAN -3 PH 12: 13

	(Instructions on back	k of application) SECRETARY OF STATE STATE OF IDAHO
1 The	e name of the limited liability co	mpany is:
	Feather	less Poultry Equipment LLO
 2. The	e complete street and mailing ac 366 W. Dainty Lane Meridian, ID 8364	ddresses of the initial designated/principal office:
	treet Address)	
7	lailing Address, if different than street address)	
", 3. Th	e name and complete street ad	dress of the registered agent:
		1866 W. Dainty Lane Meridian, ID 83642
	lan Taylor	(Street Address)
·	Name)	
	and address of at least	t one member or manager of the limited liability
CC	ompany: Name	<u>Address</u>
		1866 W. Dainty Lane Meridian, ID 83642
	Alan Taylor	
	Susan Taylor	1866 W. Dainty Lane Meridian, ID 83642
•		
		(vert report notices):
5 1	Mailing address for future corres	spondence (annual report notices):
5. I	Mailing address for future corres	spondence (annual report notices):
5. I	Mailing address for future corres	spondence (annual report notices):
	1866 W. Dainty Lane Meridian, ID 83	3642
	Mailing address for future corres 1866 W. Dainty Lane Meridian, ID 83 Future effective date of filing (or	3642
6 .	1866 W. Dainty Lane Meridian, ID 83 Future effective date of filing (or	otional):
6 .	1866 W. Dainty Lane Meridian, ID 83 Future effective date of filing (or	otional):
6. Sigi	1866 W. Dainty Lane Meridian, ID 83 Future effective date of filing (or nature of a manager, membe	otional):
6 .	1866 W. Dainty Lane Meridian, ID 83 Future effective date of filing (or nature of a manager, membe	otional):
6. Sigi	Future effective date of filing (or nature of a manager, memberson.	otional):
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6. Sigi pers Sigi Typ	Future effective date of filing (or nature of a manager, memberson. Manager M	otional):
6. Sign pers Sign Typ	Future effective date of filing (or nature of a manager, memberson. Alan Taylor nature	stional):
6. Sign pers Sign Typ	Future effective date of filing (or nature of a manager, memberson. Manager M	ptional):