

## ARTICLES OF ORGANIZATIONED EFFECTIVE ICLES C. ITED LIABILITY COMME. (Instructions on back of application) (Instructions on back of application) LIMITED LIABILITY COMPANY

1. The name of the limited liability company is:	- 1945
Mercia's Natural Foods, LLC	
2. The street address of the initial registered offic	e is:
304 Howard Drive, Twin Falls, ID 83301	
and the name of the initial registered agen	t at the above address is:
Mercia Neace	totalo abovo addiodo id.
3. The mailing address for future correspondence	e is:
304 Howard Drive, Twin Falls, ID 83301	
4. Management 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 raddress(es) of at least one initial manager. If manager(s), list the name(s) and address(es) of a	nagement is to be vested in the
Mercia Neace 304 How	vard Drive, Twin Falls, ID 83301
6. Signature of at least one person responsible for forming the limited liability company:	
Signature: Mercia Meace	Secretary of State use only
Typed Name: Mercia Neace	zation
Capacity: Member	organi.
0: 1	2 Strain
Signature:	IDAHO SECRETARY OF STATE
Typed Name:Capacity:	IDAHO SECRETARY OF STATE  99/01/2005  CK: 81363 CT: 126229 BH: 989541 1 @ 100.00 = 100.00 ORGAN LLC # 2
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