



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2013 JUN 10 AM 9:04

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Seth Smith Vineyard Management LLC

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

3215 Powers Avenue Lewiston, ID 83501

(Street Address)

(Mailing Address, if different than street address)

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

Seth Smith

(Name)

3215 Powers Avenue Lewiston, ID 83501

(Street Address)

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

Name

Address

Seth Smith

3215 Powers Avenue Lewiston, ID 83501

LaRissa SMith

3215 Powers Avenue Lewiston, ID 83501

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

3215 Powers Avenue Lewiston, ID 83501

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature /

Typed Name: Seth Smith

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
06/10/2013 05:00
CK: 2006 CT: 204112 BH: 1377428
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