

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

## FILED EFFECTIVE

(Instructions on back of application)

09 MAR 30 AM 10: 18

1. The name of the limited liability con	SEURCIANY OF STATE  Description of the state
Ame	erican Farm Supply LLC
•	ddresses of the initial designated/principal office:
(Street Address)	ox 1150 Meridian, ID 83680
(Mailing Address, if different than street address)	
3. The name and complete street add	dress of the registered agent:
Jon Coffield	8370 W. Creekrun Way, Garden City, ID 83714
(Name)	(Street Address)
<ol> <li>The name and address of at least of company:</li> </ol>	one member or manager of the limited liability
Name	Address
Jon Coffield (Manager)	8370 W. Creekrun Way, Garden City, ID 83714
* * * * * * * * * * * * * * * * * * * *	
5. Mailing address for future correspo	ondence (annual report notices): ox 1150 Meridian, ID 83680
6. Future effective date of filing (option	onal):
Signature of organizer(s). (An organizer is acting in behalf of a member or members).	a member, or is
Signature On Signature	Secretary of State use only
Typed Name: Jon Coffield	formation of Life. PMD
Signature	IDAHO SECRETARY OF STATE    March   Ma
	CK: 2468 CT: 235585 BH: 11635