



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

**FILED EFFECTIVE**

09 FEB 23 PM 12:36

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Natural Harvest LLC

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

5509 Clearfield Lane, Ammon, ID 83406

(Street Address)

(Mailing Address, if different than street address)

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

Scott D. Boling

(Name)

5509 Clearfield Lane, Ammon, ID 83406

(Street Address)

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

**Name**

**Address**

Scott D. Boling

5509 Clearfield Lane, Ammon, ID 83406

Angela S. Boling

5509 Clearfield Lane, Ammon, ID 83406

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

5509 Clearfield Lane, Ammon, ID 83406

6. Future effective date of filing (optional):

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature

Typed Name:

Scott D. Boling

Signature

Typed Name:

Angela S. Boling

Secretary of State use only

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Revised 07/2008

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02/23/2009 05:00  
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