

CERTIFICATE OF ORGANIZATION **FILED EFFECTIVE** **LIMITED LIABILITY COMPANY** 10 SEP -1 AM 8:33

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

HODGES LIVESTOCK & EQUIPMENT, LLC

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

579 E. COUNTRYSIDE LANE, IDAHO FALLS, ID 83404

(Street Address)

(Mailing Address, if different than street address)

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

MARY K. HODGES

(Name)

579 E. COUNTRYSIDE LANE, IDAHO FALLS, ID 83404

(Street Address)

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

Name

Address

MARY K. HODGES

579 E. COUNTRYSIDE LANE, IDAHO FALLS, ID 83404

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

C/O 485 E. STREET, IDAHO FALLS, ID 83402

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: MARY K. HODGES

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
 09/01/2010 05:00
 CK: 48245 CT: 250896 BH: 1237255
 1 @ 100.00 = 100.00 ORGAN LLC # 2

Revised 07/2008

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