

Typed Name:

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

1. The name of the limited liability company is:

2010 MAR 26 AM 8: 26

SECRETARY OF STATE STATE OF IDAHO

	L.W. FARMS, LLC
he complete street and mailing	addresses of the initial designated/principal office:
3461 Sur	n Circle, Idaho Falls, Idaho 83404
(Street Address)	
(Mailing Address, if different than street address	s)
The name and complete street ac	ddrees of the registered agent:
The flattic and complete street at	duress of the registered agent.
Laurel W. Murphy	3461 Sun Circle, Idaho Falls, Idaho 83404
(Name)	(Street Address)
he name and address of at leas	t one member or manager of the limited liability
ompany:	
<u>Name</u>	Address
Laurel W. Murphy	3461 Sun Circle, Idaho Falls, Idaho 83404
	pondence (annual report notices):
3461 Sun	n Circle, Idaho Falls, Idaho 83404
uture effective date of filing (opti	ional):
ture of organizer(s). (An organizer	is a mem <u>ber,</u> or is
in behalf of a member or members)	
-Nam // IM/	Secretary of State use only
iture AUNE MID	Letter 198
i Nante Lauret W. Murph	IDAHO SECRETARY OF STATE OF ST
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