



STATEMENT OF CONVERSION

Pursuant to § 30-22-405, Idaho Code

Base Filing fee: \$30.00 + \$20.00 for manual processing (form must be typ

For Office Use Only

-FILED-

File #: 0003415641

Date Filed: 1/22/2019 12:24:00 PM

Note: Conversion documents are complex. Please seek appropriate legal and/or financial advice before making this important business decision.

1. CONVERTING ENTITY:

Name: IDAHO SHEEP CAMP INC.

Jurisdiction: IDAHO

Type: CORPORATION

(Corporation, Limited Liability Company, Limited Partnership, etc...)

This is a domestic entity, and this plan of conversion was approved in accordance with § 30-22-403, Idaho Code.

This is a foreign entity, and this plan of conversion was approved in accordance with the law of its jurisdiction of formation.

2. CONVERTED ENTITY:

Name: IDAHO SHEEP CAMP LLC

Jurisdiction: IDAHO

Type: LIMITED LIABILITY COMPANY

(Corporation, Limited Liability Company, Limited Partnership, etc...)

- ☒ a. If this is a **domestic** entity or domestic limited liability partnership, please attach a copy of the entity's public organic record, or statement of qualification.
- ☐ b. If this is a **foreign** entity please designate a registered agent in the space provided:

(Registered Agent Name & Address)

3. EFFECTIVE DATE OF CONVERSION:

☒ Effective upon filing

☐ Effective on future date: _____

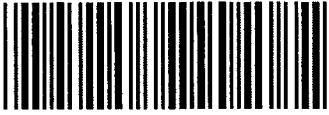
(Enter date — not more than 90 days in the future)

Printed Name: KATHY VADER

Capacity: PRESIDENT/MANAGER

Signature: _____

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CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Base Filing fee: \$100.00 + \$20.00 for manual processing (form must be typed).

1. The name of the limited liability company is:

IDAHO SHEEP CAMP LLC

(Remember to include the words "Limited Liability Company," "Limited Company," or the abbreviations L.L.C., LLC, or LC)

2. The complete street and mailing addresses of the principal office is:

11670 W PECONIC DR BOISE ID 83709

(Street Address)

11670 W PECONIC DR BOISE ID 83709

(Mailing Address, if different)

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

KATHY VADER

(Name)

11670 W PECONIC DR BOISE ID 83709

(Address)

4. The name and address of at least one governor of the limited liability company:

KATHY VADER

(Name)

11670 W PECONIC DR BOISE ID 83709

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

11670 W PECONIC DR BOISE ID 83709

(Address)

Signature of organizer(s).

Printed Name: **KATHY VADER**

Signature: 

Printed Name: _____

Signature: _____

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