



Revised 12/2018

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

For Office Use Only

B0758-5971 02/

## -FILED-

File #: 0005106321

Date Filed: 2/6/2023 10:45:00 AM

| 1/   | OF OT   | · · · · · · · · · · · · · · · · · · · | 21 and 25, Idano Code                   |                                       | — <u> </u>    |  |
|------|---|---------------------------------------|---|---------------------------------------|---------------|--|
|      |   | Base Filing fee: \$100                | .00 + \$20.00 for manual proc           | essing ( <u>form must be typed</u> ). |               |  |
|      |   |                                       |   |                                       | ,<br>505      |  |
| 1.   | The name of the limited liability company is:   |                                       |   |                                       | 23            |  |
|      | Tora Neko Farm LLC  |                                       |   |                                       | <u> </u>      |  |
|      | (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:   |                                       |   |                                       | 4<br>U        |  |
|      | 569 S Richards Rd, Post Falls, ID 83854   |                                       |   |                                       | <del></del> > |  |
|      | (Street Add   | ress)                                 |   |                                       | ¥             |  |
|      | (Mailing Address, if different)   |                                       |   |                                       |               |  |
| 3.   | The name and complete street address of the registered agent:   |                                       |   |                                       | O<br>C        |  |
|      |   |                                       |   |                                       | ceive         |  |
|      | Kami Donnelly 569 S Richards Rd, Post Falls, ID 83854  (Address)  |                                       |   |                                       | <br>ഫ         |  |
|      |   |                                       |   |                                       |               |  |
| 4.   | The name and address of at least one governor of the limited liability company:   |                                       |   |                                       | λq            |  |
|      |   | onnelly                               | 569 S Richards Rd, Post Falls, ID 83854 |                                       |               |  |
|      | (Name)  |                                       | (Address)                               |                                       | Hŋ<br>□       |  |
|      |   |                                       |   |                                       | Ü             |  |
|      | (Name) (Address)  |                                       |   |                                       | <br>o         |  |
|      |   |                                       | ·                                       |                                       | Ĭ,            |  |
|      | (Name) (Address)  |                                       |   |                                       | <u>۲</u>      |  |
|      |   |                                       |   |                                       | <u>v</u>      |  |
|      | (Name) (Address)  |                                       |   |                                       | <del></del>   |  |
| 5.   | Mailing address for future correspondence (appual report nations):  |                                       |   |                                       | daho          |  |
| ٥.   | Mailing address for future correspondence (annual report notices):  |                                       |   |                                       | õ             |  |
|      | 569 S Richards Rd, Post Falls, ID 83854  (Mailing Address)  |                                       |   |                                       |               |  |
|      |   |                                       |   |                                       | -<br>-<br>-   |  |
| Sign | ature of or   | ganizer(s).                           |   |                                       | <u>o</u>      |  |
| Prin | Printed Name: Kami Donnelly  Secretary of State use only  |                                       |   |                                       |               |  |
|      | 11  | , 0                                   |   |                                       | ary           |  |
| Sign | iature: 🎢   | m Hommell                             | 7                                       |                                       | о<br>н        |  |
|      | •   |                                       |   |                                       |               |  |
| Prin | ted Name:   |                                       | - · · · · · · · · · · · · · · · · · · · |                                       | Stat          |  |
| Oi-  |   |                                       |   |                                       |               |  |
| Sign | iature:   |                                       |   |                                       | D             |  |