



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

[Click here to clear form.](#)

(Instructions on back of application)

11 JAN 21 AM 8:52

1. The name of the limited liability company is:

SECRETARY OF STATE
Teton View Lavender Farm LLC STATE OF IDAHO

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

317 N 2400 E St Anthony ID 83445
(Street Address)

PO BOX 175 Chester ID 83421
(Mailing Address, if different than street address)

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

Thomas Howell
(Name)

317 N 2400 E, St Anthony ID 83445
(Street Address)

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

Name	Address
Thomas Howell	PO Box 175, Chester ID 83421
Linda Howell	PO Box 175, Chester ID 83421

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

PO Box 175, Chester ID 83421

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature Tom Howell
Typed Name: Tom Howell

Signature Linda Howell
Typed Name: Linda Howell

Secretary of State use only

IDAHO SECRETARY OF STATE
01/21/2011 05:00
CK: 2883 CT: 182377 BH: 1256342
1 @ 100.00 = 100.00 ORGAN LLC # 2

W99792