

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 SEP 28 AM 9: 05

SECRETARY OF STATE
STATE OF IDAHO

1.	The name of the limited liability com	The name of the limited liability company is:			
	K K MOSEF	R FARM PRO	PERTIES, LLC		_
2.	The complete street and mailing addresses of the initial designated/principal office:				- <b></b> -
	1934 HULLS CROSSING PRESTON, ID 83263				
	(Street Address)				<del></del>
	(Mailing Address, if different than street address)			<del> </del>	-
3.	The name and complete street address of the registered agent:				e y T
	EDWARD KENT MOSER			G PRESTON, ID 83263	
	(Name)	(Street Addres	s)		
4.	The name and address of at least one member or manager of the limited liability company:				in Maria
	Name Address				
	EDWARD KENT MOSER	1934 HULLS CROSSING PRESTON, ID 83263			
	KATHLEEN MOSER	1934 HULLS CROSSING PRESTON, ID 83263			
				্লুলেই ক্লেম ক্লামি	
		<u></u>			
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5.	Mailing address for future correspond	dence (ann	ual report noti	ces):	
	1934 HULLS CR	•	•	•	
6.	Future effective date of filing (options	al):			any u
	nature of organizer(s). (An organizer is a ng in behalf of a member or members).	member, or is			
acui	ig in berian of a member of members).	<u>a</u>		Secretary of State use only	
Sig	nature SWA MAN	NorpformsULC formstoat_org_Rc.PMD Revised 07/2908	5014 B. 11 <b>5</b> 3		
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Sig	nature		N OZZ	09/28/2009   CK: 268 CT: 129355 R	95:98
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