

CERTIFICATE OF ORGANIZATIONFILED EFFECTIVE

	LIMITED LIABILI	TY COMPANY 10 APR -5 AM 8: 30
	(Instructions on back	k of application)
1. The n	ame of the limited liability cor	k of application) SECRETARY OF STATE mpany is: STATE OF IDAHO
	•	Mutton Meadows, LLC
2. The c	complete street and mailing ad	dresses of the initial designated/principal office:
	2250 Highwa	ay 34; Soda Springs, ID 83276
· 		456; Soda Springs, ID 83276
(Maliin	g Address, if different than street address)	,
3. The n	ame and complete street addi	ress of the registered agent:
	Greg Torgesen	2250 Highway 34, Soda Springs, ID 83276
(Name		(Street Address)
I. The no		one member or manager of the limited liability
	<u>Name</u>	Address
N	edra Torgesen, Personal Rep.	P. O. Box 45, Soda Springs, ID 83276
	Estate of Robert Torgesen	
	Karen Crane	P. O. Box 844; Soda Springs, ID 83276
<u> </u>	Susan Torgesen Smith	4416 Covecrest Dr., Sait Lake City, UT 84124
· .	Kathleen Torgesen Murdock	7385 N. Crestview Rd.; Pocatello, ID 83201
i. Mailing		idence (annual report notices): 156; Soda Springs, ID 83276
. Future	effective date of filing (option	al):
ignature o	of organizer(s). (An organizer is a all all of a member or members).	member, or is
		Secretary of State use only
gnature_	// Ny 104	W92154
/ped Nan	ne: Greg Torgesen	, u. ,
ignature		IDAHO SECRETARY OF STATE 64/05/2010 05:4

Typed Name:

CERTIFICATION OF ORGANIZATION LIMITED LIABILITY COMPANY

(Continued)

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

<u>Name</u>

Address

Greg Torgesen

P. O. Box 517 Soda Springs, ID 83276