

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

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1.	The name of the limited liability company is:		IE OF IUM IN		
	mtn. Valley Garder	, LLC			
2. The complete street and mailing addresses of the initial designated/principal office:					
- April 1	13586 Farm to Mar				
	(Street Address)	<u>~() ¬(,) </u>			
	(Mailing Address, if different than street address)	Agricultura de la compansión de la compa			
3.	The name and complete street address of the re	gistered agent:			
	Roni Elman 13586 F	arm to Market	Rd-mcall Ja.		
	(Name) (Street Address)	8568		
4	The name and address of at least one member of	or manager of the limited	liability		
	company:		·		
	Vince Ekman 13586	form to Market Re	AT ILOSOM I		
	VINCE EXMUN 13586	mm to marger in	8EHEB		
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			en e		
5.		iai report notices):	CC-11 Th		
	Mtn. Valley Garden 13586 Farm	n to Morket Kd. II	82928		
6.	Future effective date of filing (optional):				
J.					
Sign	nature of organizer(s). (An organizer is a member, or is				
actin	ng in behalf of a member or members).	Secretary of State	use only		
Sim	nature Row Elman	IDAHO SI Locate Of Table			
•	ped Name: Roni Ekman	00 H			
. 16		IDANO SI	CRETARY OF STATE		
Sign	nature	CK: 1889 CT	226583 M: 121886		
_	ed Name:	E 350-00 #	TOGS AS THURSH FFC # 5		

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