## ARTICLES OF ORGANIZATION FILED EFFECTIVE (Instructions on back of application) III 9: 01

| 1. | The name of the limited liability company is: STATE OF IDAHO  |   |
|----|---|---|
|    | AGGIE FARMS, LLC  |   |
| 2. | The street address of the initial registered office is:   |   |
|    | 1710 OVERLAND AVENUE BURLEY, IDAHO 83318  |   |
|    | and the name of the initial registered agent at the above address is:   |   |
| 3. | The mailing address for future correspondence is:   |   |
|    | PO BOX 1204 BURLEY, IDAHO 83318   |   |
| 4. | Management of the limited liability company will be vested in:  |   |
|    | Manager(s) or Member(s) X (please   | check the appropriate box)  |
| 5. | If management is to be vested in one or more manager(s), list the name(s) and address(es) of at least one initial manager. If management is to be vested in the members, list the name(s) and address(es) of at least one initial member. |   |
|    | Name  | Address   |
|    | NEIL KING   | PO BOX 1204 BURLEY IDAHO 83318  |
|    | THOMAS A RUDY   | PO BOX 1204 BURLEY IDAHO 83318  |
|    |   |   |
|    |   |   |
|    |   |   |
|    |   |   |
| 6. | Signature of at least one person responsible for forming the limited liability company:   |   |
|    | 70 11/  | Secretary of State use only   |
|    | Signature: Yell KING  Typed Name: NEIL KING   | IDAHO SECRETARY OF STATE  Serviced 07/2002  Werking CK: 1388 CT: 166849 BH: 737847  1 9 188.08 = 188.68 ORSAN LLC # 2 |
|    | Capacity: MEMBER  | forgan  |
|    | So A D A  | 1,2002<br>1,2002  |
|    | Signature Mr Kudy   | IDAHO SECRETARY OF STATE  |
|    | Typed Name: THOMAS A RUDY   |   |
|    | Capacity: MEMBER  |   |

W 29181