



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 MAR 17 PM 1:15

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

ANDERSON FAMILY FARMS, LLC.

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

4643 WEST 4480 NORTH MACKAY ID 83251

(Street Address)

PO BOX 359 MACKAY ID 83251

(Mailing Address, if different than street address)

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

DALLEN ANDERSON

(Name)

4643 WEST 4480 NORTH MACKAY ID 83251

(Street Address)

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

Name

Address

DALLEN ANDERSON

PO BOX 359 MACKAY ID 83251

DOUGLAS ANDERSON

PO BOX 13 MACKAY ID 83251

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

DALLEN ANDERSON PO BOX 359 MACKAY ID 83251

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature

Typed Name:

ORGANIZER

Signature

Typed Name:

Secretary of State use only

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Revised 07/2008

IDAHO SECRETARY OF STATE  
03/17/2010 05:00  
CK: 1081 CT: 246062 BH: 1213309  
1 @ 100.00 = 100.00 ORGAN LLC # 2  
1 @ 20.00 = 20.00 EXPEDITE C # 3

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