

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 JUL 20 AM 8:55

SECRETARY OF STATE STATE OF IDAHO

1.	The name of the limited liability cor	mpany is:		STATE OF IDAHO	
	Dou	ble R Product	ions, LLC		
2.	2. The complete street and mailing addresses of the initial designated/principal office:				
1051 N Hwy 20, Ashton, Idaho 83420					
	(Street Address) P.O. Box 268, Ashton, Idaho 83420 (Mailing Address, if different than street address)				
3.	he name and complete street address of the registered agent:				
	Royce G. Klingler	1660	Highlands Road	Ashton, Idaho 83420	
	(Name)	(Street Addre	:56)		
4.	The name and address of at least one member or manager of the limited liability company:				* .
	Name Royce G. Klingler		<u>Address</u>		
			P.O. Box 268 Ashton, Idaho 83420		_
	Aaron Peterson		819 Yost Street, Rexburg, Idaho 83440		
		<del></del>			_
		<del></del>			-
	· .	<del></del>			_
					<u>.</u>
_	Mailing address for future correspon			<b>.</b> .	,
<b>5</b> .	ices):				
	P.O. Box	P.O. Box 268 Ashton, Idaho 83420			
R					
U.	Future effective date of filing (option	·····			-
Cia	nature of organizer(\$). (An organizer is a		_		
_	ng in behalf of a member or members).	z member, or r	<b>&gt;</b> ·		
			g	Secretary of State use only	
Sig	nature	<u>e</u>	E   E   E   E   E   E   E   E   E   E		
Тур	ed Name: Royce G. Klingler		ALLC formweerLog_itc.PMD d 07/2008		
			2008	******* CETOETORY OF S	TATE
Sig	nature		1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	IDANO SECRETARY OF S	5 : 89

Typed Name: