



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

08 NOV 10 AM 8:44
SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Van Kleeck Dairy Services, LLC

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

1695 State Hwy. 45

(Street Address)

Gooding, ID 83330

(Mailing Address, if different than street address)

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

Harold L Van Kleeck

(Name)

1695 State Hwy. 45, Gooding, ID 83330

(Street Address)

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

Name

Address

Harold L Van Kleeck

1695 State Hwy. 45, Gooding, ID 83330

Connie M Van Kleeck

1695 State Hwy. 45, Gooding, ID 83330

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

1695 State Hwy. 45, Gooding, ID 83330

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: Harold L Van Kleeck

Signature _____

Typed Name: _____

Secretary of State use only

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Revised 07/2008

IDAHO SECRETARY OF STATE
11/10/2008 05:00
CK: 5351 CT: 83865 BH: 1143723
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