



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

11 FEB 15 AM 8:30

1. The name of the limited liability company is:

Five Bee Hives, LLC

SECRETARY OF STATE
STATE OF IDAHO

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

361 River Trail, Hailey, Idaho, 83333

(Street Address)

(Mailing Address, if different than street address)

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

Tom Harned

(Name)

361 River Trail, Hailey, Idaho, 83333

(Street Address)

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

Name

Address

Tom Harned

361 River Trail, Hailey, Idaho, 83333

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

361 River Trail, Hailey, Idaho, 83333

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature

Typed Name: Tom Harned

Signature

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
02/15/2011 05:00
CK: 2165 CT: 228484 BH: 1260054
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