

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

06 MAY -4 AM 10: 11

Moore Land and Cattle LLC 2. The street address of the initial registered office is: 3473 W 3450 N, Moore ID 83255 and the name of the limited liability correspondence is: 3473 W 3450 N. Moore ID 83255 3473 W 3450 N. Moore ID 83255 4. Management of the limited liability company will be vested in: Manager(s) ✓ or Member(s) ☐ (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 member(s), list the name(s) and address(es) of at least one initial member. Name Address Duane Stevenson 3473 W 3450 N, Moore ID 83255 June Stevenson 3473 W 3450 N, Moore ID 83255 June Stevenson 3473 W 3450 N, Moore ID 83255 June Stevenson 3473 W 3450 N, Moore ID 83255 Signature 7 June 1 June 1 June 1 June 1 June 1 June 2	- E 1	(Instructions on back	or application)	_		
and the name of the initial registered agent at the above address is: Duane Stevenson 3. The mailing address for future correspondence is: 3473 W 3450 N. Moore ID 83255 4. Management of the limited liability company will be vested in: Manager(s) ✓ or Member(s) ☐ (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 member(s), list the name(s) and address(es) of at least one initial member. Name Address Duane Stevenson 3473 W 3450 N. Moore ID 83255 June Stevenson 3473 W 3450 N. Moore ID 83255 June Stevenson 3473 W 3450 N. Moore ID 83255 June Stevenson 3473 W 3450 N. Moore ID 83255 Signature Of at least one person responsible for forming the limited liability company: Signature Of at least one person responsible for forming the limited liability company: Signature Of at least one person responsible for forming the limited liability company: Signature Of at least one person responsible for forming the limited liability company: Signature Of at least one person responsible for forming the limited liability company: Signature Of at least one person responsible for forming the limited liability company: Signature Of at least one person responsible for forming the limited liability company: Signature Of at least one person responsible for forming the limited liability company: Signature Of at least one person responsible for forming the limited liability company: Signature Of at least one person responsible for forming the limited liability company: Signature Of at least one person responsible for forming the limited liability company: Signature Of at least one person responsible for forming the limited liability company: Signature Of at least one person responsible for forming the limited liability company: Signature Of at least one person responsible for forming the limited liability company: Signature Of at least one person responsible for forming	1.	· ·	pany is:	SECRETARY OF STATE STATE OF IDAHO		
Duane Stevenson 3. The mailing address for future correspondence is: 3473 W 3450 N, Moore ID 83255 4. Management of the limited liability company will be vested in: Manager(s) v or Member(s) (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 member(s), list the name(s) and address(es) of at least one initial member. Name Address Duane Stevenson 3473 W 3450 N, Moore ID 83255 June Stevenson 3473 W 3450 N, Moore ID 83255 June Stevenson 3473 W 3450 N, Moore ID 83255 Signature June June Stevenson Capacity: Manager Signature Typed Name: 100 Stevenson Capacity: 100 Stevenson 1 100 Stevenson Capacity: 100 Stevenson	2.					
4. Management of the limited liability company will be vested in: Manager(s) or Member(s) (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 member(s), list the name(s) and address(es) of at least one initial member. Name						
Manager(s) or Member(s)	3.	·				
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 member(s), list the name(s) and address(es) of at least one initial member. Name	4.	4. Management of the limited liability company will be vested in:				
address(es) of at least one initial manager. If management is to be vested in the member(s), list the name(s) and address(es) of at least one initial member. Name Address Duane Stevenson 3473 W 3450 N, Moore ID 83255 June Stevenson 3473 W 3450 N, Moore ID 83255 June Stevenson Signature of at least one person responsible for forming the limited liability company: Signature: Typed Name: Capacity: Signature Typed Name: Capacity: Typed Name: Capacity: Capacity: Capacity: Typed Name: Capacity: Ca		Manager(s) or Member(s) (please check the appropriate box)				
Duane Stevenson 3473 W 3450 N, Moore ID 83255 June Stevenson 3473 W 3450 N, Moore ID 83255 6. Signature of at least one person responsible for forming the limited liability company: Signature: Typed Name: Capacity: Signature Signature Signature Signature Typed Name: Capacity: Signature Typed Name: Capacity: Signature Secretary of State use only 10400 SECRETARY OF STATE VOICE Signature Typed Name: Capacity: Capacity: Signature Signature Signature Typed Name: Capacity: Signature Signatur	5.	address(es) of at least one initial manager. If management is to be vested in the				
June Stevenson 3473 W 3450 N, Moore ID 83255 6. Signature of at least one person responsible for forming the limited liability company: Signature: Typed Name: Capacity: Signature Typed Name: Typed Name: Typed Name: Capacity: Secretary of State use only Typed Name: Capacity: Typed Name: Typed Name: Capacity: Typed Name: Capacity: Typed Name: Typed Name: Capacity: Typed Name: Typed Name: Capacity: Typed Name: Typed Name		Name	Add	ress		
June Stevenson 3473 W 3450 N, Moore ID 83255 6. Signature of at least one person responsible for forming the limited liability company: Signature: Typed Name: Capacity: Signature Signature Typed Name: Typed Name: Typed Name: Capacity: Secretary of State use only Typed Name: CAPACITY: CAPACITY		Duane Stevenson	3473 W 3450 N Moore II	3 83255		
Signature: Secretary of State use only IDAHO SECRETARY OF STATE IVE Typed Name: O5/04/2006 05:00 CK: CASH CT: 199939 BH: 952946 1 1 189.69 = 169.69 ORGAN LLC N 2 Capacity: O7/4/						
Signature: Secretary of State use only IDAHO SECRETARY OF STATE IVE Typed Name: O5/04/2006 05:00 CK: CASH CT: 199939 BH: 952946 1 1 189.69 = 169.69 ORGAN LLC N 2 Capacity: O7/4/						
Signature: Secretary of State use only IDAHO SECRETARY OF STATE IVE Typed Name: O5/04/2006 05:00 CK: CASH CT: 199939 BH: 952946 1 1 189.69 = 169.69 ORGAN LLC N 2 Capacity: O7/4/						
Signature: Secretary of State use only Typed Name: June Stevenson Capacity: Manager Signature						
Signature: Secretary of State use only IDAHO SECRETARY OF STATE IVE Typed Name: O5/04/2006 05:00 CK: CASH CT: 199939 BH: 952946 1 1 189.69 = 169.69 ORGAN LLC N 2 Capacity: O7/4/						
Typed Name:						
Capacity: Manager Signature	-	Typed Name: June Stevenson	Secre	etary of State use only		
Signature		•	organizatio			
Typed Name:	5	Signature	omstartson			
Capacity:			msk.LCf	CK: CASH CT: 199939 BH: 952946		
			Acorption Re	(1) 50342		