

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2009 JUN 22 MII: 13

SECRETARY OF STATE STATE OF IDAHO

	•	••	*	STATE OF TURING	
1.	The name of the limited liability compa	ny is:			
	Hubbard Harvest LLC		···		_
2.	The complete street and mailing address	sses of the	initial designat	ed/principal office:	
	4181 District 5 Road, Bonners Fer	rry, ID 8380	5		
	(Street Address)				_
	(Mailing Address, if different than street address)				
3.	The name and complete street address	s of the regi	stered agent		
	Kamus Hubbard	4181 Di	strict 5 Road	Bonners	
	(Name)	Receyeda			
4.	The name and address of at least one	member or	manager of th	e limited liability	
	company:			Address	
	Name Michael C. Hubbard		istrict 5 Road	, Bonners Ferry, ID	
		83805 4181 D	latrict 5 Road	, Bonners Ferry, ID	
	Kemue Hubbard	83805			
	Kootenal Valley Farm and Resear	ch, 4181 D 83805	etrict 5 Road	, Bonners Ferry, D	
	LLC	93000			· ·
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_	No. 19	anaa /ana	al report police	e)·	
5.				.a.).	•
	4181 District 5 Road, Bonners Fe	117, D 6360			
6.	Future effective date of filing (optional): <u> </u>			
Şig	nature of organizer(s). (An organizer is a m	ember, or is			*
acti	ng in behalf of a member or members).			Secretary of State use only	
Sin	mature EOStall=	· · · · · · · · · · · · · · · · · · ·	<u> </u>		
	ped Name: Edward Stahlin		.		
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Sig	gnature		aceset Ž	IDANO SECRETAR	
Ту	ped Name:		CONSTRUCTION OF THE PERSON OF	96/22/266 CK: 266775 CT: 1728 1 9 198.00 = 100.0	99 BH: 11758
			€	7 5 700,00 100,0	THE PERSON WITH THE PERSON WATER