

**CERTIFICATE OF ORGANIZATION
LIMITED LIABILITY COMPANY**

(Instructions on back of application)

1. The name of the limited liability company is:

Unicorn Farm, LLC

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

8530 Flint Drive Victor, ID 83455

(Street Address)

PO Box 561 Victor, ID 83455

(Mailing Address, if different than street address)

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

Elizabeth Peet Thackray

(Name)

8530 Flint Drive Victor, ID 83455

(Street Address)

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

Name

Elizabeth Peet Thackray

Address

8530 Flint Drive Victor, ID 83455

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

PO Box 561 Victor, ID 83455

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature Elizabeth Peet Thackray
Typed Name: Elizabeth Peet Thackray

Signature _____
Typed Name: _____

Secretary of State use only

IDaho SECRETARY OF STATE

05/31/2016 05:00

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