



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2012 JUN 18 AM 9:07

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

MPH FARMS, LLC

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

2050 S 2950 W ABERDEEN, ID 83210

(Street Address)

(Mailing Address, if different than street address)

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

DARYL KLASSEN

(Name)

2935 W. 2050 S ABERDEEN, ID 83210

(Street Address)

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

Name

Address

DARYL KLASSEN

2935 W. 2050 S ABERDEEN, ID 83210

MICHAEL KLASSEN

2092 S 2900 W ABERDEEN, ID 83210

PHILIP KLASSEN

2052 W 2200 S ABERDEEN, ID 83210

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

PO BOX 5399 TWIN FALLS, ID 83303

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

Signature of a manager, member or authorized person.

Signature [Signature]

Typed Name: DARYL KLASSEN

Signature _____

Typed Name: _____

Secretary of State use only

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06/18/2012 05:00
CK: 1131 CT: 271511 BH: 1328597
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