



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

09 MAR 20 AM 8:25

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

L. L. Crow Family, LLC

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

320 N Second Avenue, Craigmont, ID 83523

(Street Address)

Post Office Box 216, Craigmont, ID 83523

(Mailing Address, if different than street address)

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

LaLisa R. Thomason

(Name)

320 N Second Avenue, Craigmont, ID 83523

(Street Address)

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

Name

LaLisa R. Thomason

Address

320 N Second Avenue, Craigmont, ID 83523

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

Post Office Box 216, Craigmont, ID 83523

6. Future effective date of filing (optional):

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature La Lisa R. Thomason

Typed Name: LaLisa R. Thomason

Signature _____

Typed Name: _____

Secretary of State use only

W 82416

IDAHO SECRETARY OF STATE
03/20/2009 05:00
CK: 18121 CT: 1116 IN: 1162176
1 @ 100.00 = 100.00 ORGAN LLC # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3