

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

2014 JAN -9 AM 8: 41

3.	(instructions on back	or application)	e e e e e e e e e e e e e e e e e e e
1.	The name of the limited liability con	npany is:	SEOREMAN, OF STATE STATE OF IDAHO
	WLK RANCH, LLC		UMIL VI LIMTU
2.	The complete street and mailing addresses of the initial designated office:  1609 BENCH ROAD		
	(Street Address) MONTPELIER, ID 83254		
	(Mailing Address, if different than street address)		
3.	The name and complete street address of the registered agent:		
	REX PAYNE	1609 BENCH ROAD, MC	ONTPELIER, ID 83254
	(Name)	(Street Address)	
	The name and address of at least one member or manager of the limited liability company:		
	<u>Name</u>		<u>Address</u>
	REX PAYNE	1609 BENCH ROAD, MO	NTPELIER, ID 83254
	SHEILA PAYNE	1609 BENCH ROAD, MONTPELIER, ID 83254	
5. 1	Mailing address for future correspond 1942 NORTH MAIN, NORTH LOGAN, UT		otices):
6. 1	Future effective date of filing (options	al):	
Sign pers	nature of a manager, member or on.	authorized	
•	$\Omega$	[	Secretary of State use only
-	ature REX PAYNE		W132987
• •		1	
_	ature Sheila Payne ed Name: SHEILA PAYNE		IDAHO SECRETARY OF STATE  1/09/2014 05:00  CK: 5037 CT: 291521 BH: 148515: 1 9 190.00 = 100.00 ORGAN LLC #

cert\_org\_llc Rev. 07/2010