

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY 2013 APR 30 AM 8: 44

770	(Instructions on back of	application)	EDITALIN OU ALL O THE
1. T	he name of the limited liability compa	any is:	SECTIONER OF STATE STATE OF IDAHO
	Rockin R Farms LLC	•	STATE OF IDAHO
2. T	The complete street and mailing addresses of the initial designated office:		
	155 Canary St. Midvale Idaho 83645	····	· · · · · · · · · · · · · · · · · · ·
	(Street Address) P.O. Box 24 Midvale Idaho 83645		
	(Mailing Address, if different than street address)		
3. T	The name and complete street address of the registered agent:		
	Shelly Graham	75 Bitner Lane Midav	ie Idaho 83645
	(Name)	(Street Address)	
	he name and address of at least one ompany: Name Matt Roland		
		· · · · · · · · · · · · · · · · · · ·	
		<u> </u>	
5. N	Mailing address for future corresponde	ence (annual repo	rt notices):
	P.O. Box 43 Midvale Idaho 83645		
6. F	Future effective date of filing (optional):	
Sign	ature of a manager, member or a	uthorized	
pers	on.		Secretary of State use only
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_	ed Name:		IDAHO SECRETARY OF STATE 94/30/2013 05:00
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42	Cert	org_lic Rev. 07/2010	1 8 20.00 = 20.00 EXPEDITE C

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