

## CERTIFICATE OF ORGANIZATION LED EFFECTIVE LIMITED LIABILITY COMPANY AND SERVED AN 8:30

| 4.1        | (Instructions on bac   | or application)  |
|------------|--|--|
| f.         | The name of the limited liability or   | ompany is:  SECRETARY OF STATE  STATE OF IDAHO   |
|            |  | 6T Acres, LLC  |
|            | The complete street and mailing addresses of the initial designated/principal office:                                  |  |
|            | (Street Address)   | way 34; Soda Springs, ID 83276   |
|            | P. O. Box  | 456; Soda Springs, ID 83276  |
|            | (Mailing Address, if different than street address)  |  |
| j.,        | The name and complete street add   | dress of the registered agent:   |
|            | Greg Torgesen  | 2250 Highway 34, Soda Springs, ID 83276  |
|            | (Name)   |  |
| •          | •  | (Street Address)  One member or manager of the limited liability   |
| ١.         | The name and address of at least company:  |  |
| <b>.</b>   | The name and address of at least company:  | one member or manager of the limited liability  Address  |
| 1.         | The name and address of at least company:  Name  Nedra Torgesen, Personal Rep.   | one member or manager of the limited liability  Address  |
| <b>1</b> . | The name and address of at least company:  Name  Nedra Torgesen, Personal Rep.  Estate of Robert Torgesen              | One member or manager of the limited liability  Address  P. O. Box 45, Soda Springs, ID 83276                                  |
| 4.         | The name and address of at least company:  Name  Nedra Torgesen, Personal Rep.  Estate of Robert Torgesen  Karen Crane | One member or manager of the limited liab  Address  P. O. Box 45, Soda Springs, ID 83270  P. O. Box 844; Soda Springs, ID 8327 |
| •          | The name and address of at least company:  Name  Nedra Torgesen, Personal Rep.  Estate of Robert Torgesen  Karen Crane | Address P. O. Box 45, Soda Springs, ID 83276 P. O. Box 844; Soda Springs, ID 83276   |

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

Signature \_\_\_\_\_\_\_ Green

Greg Torgesen

Signature\_

Typed Name:

Secretary of State use only

W 92153

IDANO SECRETARY OF STATE 04/05/2010 05:00 CK: 3382 CT: 1117 BN: 1216858 1 8 180.00 = 180.00 ORSAN LLC # 2

## CERTIFICATION OF ORGANIZATION LIMITED LIABILITY COMPANY

## (Continued)

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

Name
Address

Greg Torgesen
P. O. Box 517
Soda Springs, ID 83276

Christopher A. Torgesen
3564 Summit Drive
Pocatello, ID 83201