

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 NOV -3 PM 4: 32

SECRETARY OF STATE
STATE OF IDAHO

The name of the limited liability company is:  R & T FEEDS, LLC  The complete street and mailing addresses of the initial designated/principal office:  10749 Highway 75, Bellevue, Idaho 83313  (Street Address) P.O. Box 1145, Bellevue, Idaho 83313  (Mailing Address, if different than street address)  The name and complete street address of the registered agent:  TOM OLSEN  10749 Highway 75, Bellevue, ID 83313  (Name)  The name and address of at least one member or manager of the limited liability company:  Name  Address  TOM OLSEN  10749 Highway 75, Bellevue, ID 83313  Mailing address for future correspondence (annual report notices): P.O. Box 1145, Bellevue, Idaho 83313  Future effective date of filing (optional):  gnature of organizer(5). (An organizer is a member, or is ling in behalf of a member or gnembers).  gnature TOM OLSEN  TIMMO SECRETARY OF STATE and The state use only	(110110101010101011	STATE OF IDAHO
The complete street and mailing addresses of the initial designated/principal office:  10749 Highway 75, Bellevue, Idaho 83313  (Street Address) P.O. Box 1145, Bellevue, Idaho 83313  (Mailing Address, if different than street address)  The name and complete street address of the registered agent:  TOM OLSEN  10749 Highway 75, Bellevue, ID 83313  (Name)  (Street Address)  The name and address of at least one member or manager of the limited liability company:  Name  Address  TOM OLSEN  10749 Highway 75, Bellevue, ID 83313  Mailing address for future correspondence (annual report notices): P.O. Box 1145, Bellevue, Idaho 83313  Future effective date of filing (optional):  gnature of organizer(s). (An organizer is a member, or is ting in behalf of a member or members).  Secretary of State use only	I. The name of the limited liability	
The complete street and mailing addresses of the initial designated/principal office:  10749 Highway 75, Bellevue, Idaho 83313  (Street Address) P.O. Box 1145, Bellevue, Idaho 83313  (Mailing Address, if different then street address)  The name and complete street address of the registered agent:  TOM OLSEN  10749 Highway 75, Bellevue, ID 83313  (Name)  10749 Highway 75, Bellevue, ID 83313  (Street Address)  The name and address of at least one member or manager of the limited liability company:  Name  Address  TOM OLSEN  10749 Highway 75, Bellevue, ID 83313  Mailing address for future correspondence (annual report notices): P.O. Box 1145, Bellevue, Idaho 83313  Future effective date of filing (optional):  gnature of organizer(s). (An organizer is a member, or is sing in behalf of a member or members).  Secretary of State use only	•	1
(Street Address) P.O. Box 1145, Bellevue, Idaho 83313  (Mailing Address, if different than street address) The name and complete street address of the registered agent:  TOM OLSEN  10749 Highway 75, Bellevue, ID 83313 (Name)  (Street Address)  The name and address of at least one member or manager of the limited liability company:  Name  Address  TOM OLSEN  10749 Highway 75, Bellevue, ID 83313  Mailing address for future correspondence (annual report notices): P.O. Box 1145, Bellevue, Idaho 83313  Future effective date of filing (optional):  gnature of organizer(s). (An organizer is a member, or is ing in behalf of a member or members).  Secretary of State use only		
(Street Address) P.O. Box 1145, Bellevue, Idaho 83313  [Mailing Address, if different than street address)  The name and complete street address of the registered agent:  TOM OLSEN  [Name]  10749 Highway 75, Bellevue, ID 83313  (Street Address)  The name and address of at least one member or manager of the limited liability company:  Name  Address  TOM OLSEN  10749 Highway 75, Bellevue, ID 83313  Mailing address for future correspondence (annual report notices): P.O. Box 1145, Bellevue, Idaho 83313  Future effective date of filing (optional):  gnature of organizer(s). (An organizer is a member, or is ting in behalf of a member or members).  Secretary of State use only		
P.O. Box 1145, Bellevue, Idaho 83313  (Mailing Address, if different then street address)  The name and complete street address of the registered agent:  TOM OLSEN  10749 Highway 75, Bellevue, ID 83313  (Name)  (Street Address)  The name and address of at least one member or manager of the limited liability company:  Name  Address  TOM OLSEN  10749 Highway 75, Bellevue, ID 83313  Mailing address for future correspondence (annual report notices):  P.O. Box 1145, Bellevue, Idaho 83313  Future effective date of filing (optional):  gnature of organizer(s). (An organizer is a member, or is sing in behalf of a member or members).  Sacretary of State use only	——————————————————————————————————————	illevile, Idano 05515
The name and complete street address of the registered agent:  TOM OLSEN  10749 Highway 75, Bellevue, ID 83313 (Street Address)  The name and address of at least one member or manager of the limited liability company:  Name  Address  TOM OLSEN  10749 Highway 75, Bellevue, ID 83313  Mailing address for future correspondence (annual report notices):  P.O. Box 1145, Bellevue, Idaho 83313  Future effective date of filing (optional):  gnature of organizer(s). (An organizer is a member, or is ting in behalf of a member or members).  Secretary of State use only	P.O. Box 1145, Belle	
TOM OLSEN  (Name)  (Street Address)  The name and address of at least one member or manager of the limited liability company:  Name  Address  TOM OLSEN  10749 Highway 75, Bellevue, ID 83313  Mailing address for future correspondence (annual report notices):  P.O. Box 1145, Bellevue, Idaho 83313  Future effective date of filing (optional):  gnature of organizer(s). (An organizer is a member, or is ing in behalf of a member or members).  Secretary of State use only	(Mailing Address, if different than street address	ess)
(Street Address)  The name and address of at least one member or manager of the limited liability company:  Name Address  TOM OLSEN  10749 Highway 75, Bellevue, ID 83313  Mailing address for future correspondence (annual report notices):  P.O. Box 1145, Bellevue, Idaho 83313  Future effective date of filing (optional):  gnature of organizer(s). (An organizer is a member, or is ing in behalf of a member or members).  Secretary of State use only	. The name and complete street	address of the registered agent:
The name and address of at least one member or manager of the limited liability company:    Name	TOM OLSEN	10749 Highway 75, Bellevue, ID 833
Mailing address for future correspondence (annual report notices):  P.O. Box 1145, Bellevue, Idaho 83313  Future effective date of filing (optional):  gnature of organizer(s). (An organizer is a member, or is sing in behalf of a member or members).  Secretary of State use only	(Name)	(Street Address)
Mailing address for future correspondence (annual report notices):  P.O. Box 1145, Bellevue, Idaho 83313  Future effective date of filing (optional):  gnature of organizer(s). (An organizer is a member, or is sing in behalf of a member or members).  Secretary of State use only		$A^{\lambda}$
Mailing address for future correspondence (annual report notices):  P.O. Box 1145, Bellevue, Idaho 83313  Future effective date of filing (optional):  gnature of organizer(s). (An organizer is a member, or is sing in behalf of a member or members).  Secretary of State use only	The name and address of at lea	ast one member or manager of the limited liability
Mailing address for future correspondence (annual report notices):  P.O. Box 1145, Bellevue, Idaho 83313  Future effective date of filing (optional):  gnature of organizer(s). (An organizer is a member, or is ing in behalf of a member or members).  Secretary of State use only	company:	
Mailing address for future correspondence (annual report notices):  P.O. Box 1145, Bellevue, Idaho 83313  Future effective date of filing (optional):  gnature of organizer(s). (An organizer is a member, or is ing in behalf of a member or members).  Secretary of State use only		
P.O. Box 1145, Bellevue, Idaho 83313  Future effective date of filing (optional):  gnature of organizer(s). (An organizer is a member, or is ing in behalf of a member or members).  Secretary of State use only	TOM OLSEN	1 <u>0749 Highway 75, Bellevue, ID 833</u> 13
P.O. Box 1145, Bellevue, Idaho 83313  Future effective date of filing (optional):  gnature of organizer(s). (An organizer is a member, or is ing in behalf of a member or members).  Secretary of State use only		
P.O. Box 1145, Bellevue, Idaho 83313  Future effective date of filing (optional):  gnature of organizer(s). (An organizer is a member, or is ing in behalf of a member or members).  Secretary of State use only		
P.O. Box 1145, Bellevue, Idaho 83313  Future effective date of filing (optional):  gnature of organizer(s). (An organizer is a member, or is ing in behalf of a member or members).  Secretary of State use only	Annual Control of the	
P.O. Box 1145, Bellevue, Idaho 83313  Future effective date of filing (optional):  gnature of organizer(s). (An organizer is a member, or is ing in behalf of a member or members).  Secretary of State use only		
P.O. Box 1145, Bellevue, Idaho 83313  Future effective date of filing (optional):  gnature of organizer(s). (An organizer is a member, or is ing in behalf of a member or members).  Secretary of State use only		
P.O. Box 1145, Bellevue, Idaho 83313  Future effective date of filing (optional):  gnature of organizer(s). (An organizer is a member, or is ing in behalf of a member or members).  Secretary of State use only		
P.O. Box 1145, Bellevue, Idaho 83313  Future effective date of filing (optional):  gnature of organizer(s). (An organizer is a member, or is ing in behalf of a member or members).  Secretary of State use only		
P.O. Box 1145, Bellevue, Idaho 83313  Future effective date of filing (optional):  gnature of organizer(s). (An organizer is a member, or is ing in behalf of a member or members).  Secretary of State use only	Mailing address for future corre	spondence (annual report notices):
Future effective date of filing (optional):  gnature of organizer(s). (An organizer is a member, or is ing in behalf of a member or members).  Secretary of State use only	•	
gnature of organizer(s). (An organizer is a member, or is ing in behalf of a member or members).  Secretary of State use only		
gnature of organizer(s). (An organizer is a member, or is ing in behalf of a member or members).  Secretary of State use only	Future effective date of filing (or	ptional):
ing in behalf of a member or members).  Secretary of State use only	/	
ing in behalf of a member or members).  Secretary of State use only	anature of organizer(s) (An organize	er is a member or is
Secretary of State use only		
ped Name: TOM OLSEN  prod Name: 11/03/2009 05:4  prod Name: CK: 4438 CT: 191877 BH: 1193	( A)	Secretary of State use only
ped Name: TOM OLSEN  pnature	gnature / ///sw	
IDAHO SECRETARY OF STATE  pad Name:  CK: 4438 CT: 191877 BH: 1193	<del>- 70</del>	الم مقا
gnature		80 80 80 80 80 80 80 80 80 80 80 80 80 8
ned Name: CK: 4438 CT: 191877 BH: 1193	onature	IDAHO SECRETARY OF STAT
ped Name 82 1.0 100.00 = 100.00 nrgon (1	ped Name:	CK: 4438 CT: 191877 BH: 11