



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

**FILED EFFECTIVE**

2013 JAN 11 AM 9:33

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Foxcroft Farm, LLC

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

27349 Shelton Rd., Parma, ID 83660

(Street Address)

PO Box 683, Parma, ID, 83660

(Mailing Address, if different than street address)

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

Karen Evans

(Name)

27349 Shelton Rd., Parma, ID 83660

(Street Address)

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

Name

Address

Karen Evans

27349 Shelton Rd., Parma, ID 83660

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

PO Box 683, Parma, ID, 83660

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of a manager, member or authorized person.

Signature

Typed Name: Karen Evans

Signature

Typed Name:

Secretary of State use only

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01/11/2013 05:00  
CK: 1211 CT: 278117 BH: 1355370  
1 @ 100.00 = 100.00 ORGAN LLC # 2

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