

251



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2015 JAN -2 PM 5:00

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

AgPros, LLC

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

116 N. Center Street

(Street Address)

Salmon, ID 83467

(Mailing Address, if different than street address)

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

M. Chace Slavin

(Name)

116 N. Center Street

(Street Address)

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

NameAddress

M. Chace Slavin

116 N. Center Street

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

116 N. Center Street, Salmon, ID 83467

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature M. Chace SlavinTyped Name: M. Chace Slavin

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

01/05/2015 05:00

CK:2469774 CT:172099 BH:1455384

1@ 100.00 = 100.00 ORGAN LLC #2

1@ 20.00 = 20.00 EXPEDITE C #3

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