



# CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

2015 JAN -5 AM 9:30

(Instructions on back of application)

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

POWELL FARMS UNLIMITED, LLC

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

1069 Robert Street, Blackfoot ID 83221

(Street Address)

PO Box 477, Blackfoot ID 83221

(Mailing Address, if different than street address)

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

Ralph Powell

(Name)

1069 Robert Street, Blackfoot ID 83221

(Street Address)

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

**Name**

**Address**

Ralph Powell

PO Box 477, Blackfoot ID 83221

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

PO Box 477, Blackfoot ID 83221

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

Signature of a manager, member or authorized person.

Signature R. L. Powell

Typed Name: Ralph L. Powell

Signature \_\_\_\_\_

Typed Name: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

01/05/2015 05:00

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