

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2815 MAY 18 AM 9: 15 (Instructions on back of application) The name of the limited liability company is: Prospinach, LLC 2. The complete street and mailing addresses of the initial designated office: 207 Main Street North (Street Address) Kimberly, Idaho 83341 (Mailing Address, if different than street address) 3. The name and complete street address of the registered agent: 207 Main Street North, Klmberly, Idaho 83341 Mary Ann Stanger (Name) (Street Address) 4. The name and address of at least one member or manager of the limited liability company: Address Name 207 Main Street North, Kimberly, Idaho 83341 Mary Ann Stanger 5. Mailing address for future correspondence (annual report notices): PO Box 1293, Twin Falls, Idaho 83303-1293 6. Future effective date of filing (optional): Signature of a manager, member or authorized person. Secretary of State use only Signature_ Typed Name: / Mary IDAHO SECRETARY OF STATE -05/18/2015 05:00 Signature 10 100.00 = 100.00 ORGAN LLC #2

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Typed Name: