

(Street Address)

(Name)

company:

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

11 MAR -7 AM 8: 16

(Instructions on back of application)

SAME

1. The name of the limited liability company is:

(Mailing Address, if different than street address)

ROLAND N. WALKER

Name

ROLAND N. WALKER

acting in behalf of a member or members).

ROLAND N. WALKER

SALLY WALKER

Signature

Signature

Typed Name: \_

Typed Name:

Roland N. Walker Farms, LLC 2. The complete street and mailing addresses of the initial designated/principal office: 1070 Riverwalk Drive, Suite No. 200, Idaho Falls, Idaho 83402 The name and complete street address of the registered agent: 1070 Riverwalk Dr., Ste. #200, Idaho Falls, ID 83402 (Street Address) 4. The name and address of at least one member or manager of the limited liability <u>Address</u> 1070 Riverwalk Dr., Ste. #200, Idaho Falis, ID 83402 5. Mailing address for future correspondence (annual report notices): 1070 Riverwalk Drive, Sulte No. 200, Idaho Falls, Idaho 83402 N/A 6. Future effective date of filing (optional): \_\_\_\_\_ Signature of organizer(s). (An organizer is a member, or is Secretary of State use only

IDAHO SECRETARY OF STATE CK: 5669 CT: 175840 BH: 1263895 1 0 180.00 = 100.00 ORGAN LLC # 2

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