

ERTIFICATE OF ORGANIZATION FILED EFFECTIVE CERTIFICATE OF ORGANIZATION

(Instructions on back of application)

SECRE	1	\RY	OF	STA	TF.
iΑl	E	OF	אַרוו :	١H٨	

The name of the limited liability co	mpany is: TATE OF IDAHO	
	Sagers Family, LLC	
The complete street and mailing ac	ddresses of the initial designated/principal office:	
· · · · · · · · · · · · · · · · · · ·	476 West 100 South	
(Street Address)	Burley, Idaho 83318	
(Mailing Address, if different than street address)		
The name and complete street add	iress of the registered agent:	
		4,1
Joseph M. Sagers	476 West 100 South, Burley, ID 83318	
(Name)	(Street Address)	
The name and address of at least o	one member or manager of the limited liability	
Name	Address	\$ 5
Joseph M. Sagers	476 West 100 South, Burley, iD 83318	. 1947
		100
	· · ·	
		: - 18. j
Mailing address for future correspo	ondence (annual report notices):	
476 Wes	t 100 South, Burley, ID 83318	
Future effective date of filing (optio	onal):	•
nature of organizer(s). (An organizer is	s a member, or is	
ing in behalf of a member or members).	Secretary of State use only	
gnature much M. A-	124HO SECRETARY OF S ###################################	
ped Name: Joseph M. Sagen	\$	
	eo eo	
gnature	IDAHO SECRETARY OF S	TATE
J. 104.01	CK: 8122 CT: 122818 RM.	5:6