



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

## FILED EFFECTIVE

2014 MAY -8 AM 10:04

(Instructions on back of application)

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

An Tostal Farm **LLC**

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

3875 N. Chase Road, Post Falls, Idaho 83854

(Street Address)

(same)

(Mailing Address, if different than street address)

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

David C. Fair

(Name)

3875 N. Chase Road, Post Falls, Idaho 83854

(Street Address)

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

**Name**

**Address**

David C. Fair

3875 N. Chase Road, Post Falls, Idaho 83854

Marnie L. Fair

3875 N. Chase Road, Post Falls, Idaho 83854

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

3875 N. Chase Road, Post Falls, Idaho 83854

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

*David C. Fair*

Typed Name: David C. Fair

Signature

*Marnie L. Fair*

Typed Name: Marnie L. Fair

Secretary of State use only

IDAHO SECRETARY OF STATE

05/08/2014 05:00

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