

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

12 12 127 - 7 48 9: 59

(Instructions on back of application)

1.	The name of the limited liability company is:		
	SUMMERS LIVESTOCK LLC		
2.	The complete street and mailing addresses of the initial designated office: 1695 HIGHWAY 95 N, MOSCOW, ID 83843		
	(Street Address) PO BOX 21, TROY, ID 83871		
3.	(Mailing Address, if different than street address) The name and complete street address of the registered agent:		
	JACKI COOKE 2301 WEST STATE HWY 31, VICTOR, ID 83455		STATE HWY 31, VICTOR, ID 83455
	(Name)	(Street Address)	
4.	The name and address of at least one member or manager of the limited liability company:		
	Name	<u>Address</u>	
	DILLON A. SUMMERS	PO BOX 21, TROY, ID 83871	
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		<u> </u>	
5.	Mailing address for future correspondence (annual report notices):		
	2301 WEST STATE HWY 31, VICTOR, II	D 83455	
6.	Future effective date of filing (optional):		
_	nature of a manager, member or	authorized	
per	son.		Secretary of State use only
Sig	nature Willon Survey		
	ped Name: DILLON A. SUMMERS		
			IDAHO SECRETARY OF STATE
_	nature		05/07/2012 05:00 CK: 154 CT: 278121 BH: 1323049
Tvr	ned Name:		UN; 139 U(1 E/01E1 DA 13E3077

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