



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2015 APR -8 PM 2:46

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Lucky Pine Farm LLC

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

5377 S Ten Mile Road Meridian 83642

(Street Address)

(Mailing Address, if different than street address)

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

Leanne Lewis

(Name)

same

(Street Address)

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

Name

Address

Leanne Lewis

5377 S Ten Mile Road Meridian 83642

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

same

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature

Typed Name:

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE

04/08/2015 05:00

CK:1735 CT:308719 BH:1470020

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