

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY 09 FEB 12 AM 8: 37

FILED EFFECTIVE

| 1. The name of the limited liability company is:  SPLIT BUTTE LIVESTOCK LLC  2. The complete street and mailing addresses of the initial designated/principal office 925 E 1000 N RUPERT, IDAHO 83350  (Street Address)  BOX 767 RUPERT, IDAHO 83350  (Mailing Address, if different than street address)  3. The name and complete street address of the registered agent:  WILLIAM A PARSONS  137 WEST 13TH BURLEY, IDAHO 83318  (Name)  (Street Address)  4. The name and address of at least one member or manager of the limited liability company:  Name  Address  WYNN R DEWSNUP  BOX 767 RUPERT, IDAHO 83350  JEANNINE DEWSNUP  BOX 767 RUPERT, IDAHO 83350  6. Future effective date of filing (optional):  Signature of organizer(s), (An organizer is a member, or is secting in behalf of a member or members).  Signature  WILLIAM A PARSONS  Secretary of State use only  Secretary of State use only | žξ   | (Instructions on back of  | of application)  |  |
|---|------|---|--|--|
| SPLIT BUTTE LIVESTOCK LLC  2. The complete street and mailing addresses of the initial designated/principal office 925 E 1000 N RUPERT, IDAHO 83350  (Street Address)  BOX 767 RUPERT, IDAHO 83350  (Mailing Address, if different than street address)  3. The name and complete street address of the registered agent:  WILLIAM A PARSONS  137 WEST 13TH BURLEY, IDAHO 83318  (Name)  (Street Address)  4. The name and address of at least one member or manager of the limited liability company:  Name  Address  WYNN R DEWSNUP  BOX 767 RUPERT, IDAHO 83350  5. Mailing address for future correspondence (annual report notices):  BOX 767 RUPERT, IDAHO 83350  6. Future effective date of filing (optional):  Signature of organizer(s). (An organizer is a member, or is a member or member or member or state use only  | 1.   | The name of the limited liability comp  | SECRETARY OF STATE  Pany is: STATE OF IDAHO  |  |
| (Street Address)  BOX 767 RUPERT, IDAHO 83350  (Mailing Address, if different than street address)  3. The name and complete street address of the registered agent:  WILLIAM A PARSONS (Street Address)  4. The name and address of at least one member or manager of the limited liability company:  Name  WYNN R DEWSNUP  BOX 767 RUPERT, IDAHO 83350  JEANNINE DEWSNUP  BOX 767 RUPERT, IDAHO 83350  5. Mailing address for future correspondence (annual report notices):  BOX 767 RUPERT, IDAHO 83350  6. Future effective date of filing (optional):  Signature of organizer(s). (An organizer is a member, or is citing in behalf of a member or members).  Secretary of State use only   |      | SPLIT BI  |  |  |
| (Street Address)  BOX 767 RUPERT, IDAHO 83350  (Mailing Address, if different than street address)  3. The name and complete street address of the registered agent:  WILLIAM A PARSONS  (Street Address)  4. The name and address of at least one member or manager of the limited liability company:  Name  Address  WYNN R DEWSNUP  BOX 767 RUPERT, IDAHO 83350  JEANNINE DEWSNUP  BOX 767 RUPERT, IDAHO 83350  5. Mailing address for future correspondence (annual report notices):  BOX 767 RUPERT, IDAHO 83350  6. Future effective date of filling (optional):  Signature of organizer(s). (An organizer is a member, or is a member or member or members).  Secretary of State use only  | 2.   | The complete street and mailing addresses of the initial designated/principal office: |  |  |
| BOX 767 RUPERT, IDAHO 83350  (Mailing Address, if different than street address)  3. The name and complete street address of the registered agent:  WILLIAM A PARSONS  (Name)  137 WEST 13TH BURLEY, IDAHO 83318  (Name)  (Street Address)  4. The name and address of at least one member or manager of the limited liability company:  Name  Address  WYNN R DEWSNUP  BOX 767 RUPERT, IDAHO 83350  JEANNINE DEWSNUP  BOX 767 RUPERT, IDAHO 83350  5. Mailing address for future correspondence (annual report notices):  BOX 767 RUPERT, IDAHO 83350  6. Future effective date of filing (optional):  Signature of organizer(s). (An organizer is a member, or is citing in behalf of a member or members).  Secretary of State use only  |      |   | N RUPERT, IDAHO 83350  |  |
| 3. The name and complete street address of the registered agent:    WILLIAM A PARSONS   137 WEST 13TH BURLEY, IDAHO 83318 (Street Address)  |      | (Street Address) BOX 767 RUPERT, IDAHO 83350  |  |  |
| WILLIAM A PARSONS  (Name)  137 WEST 13TH BURLEY, IDAHO 83318  (Street Address)  4. The name and address of at least one member or manager of the limited liability company:  Name  Address  WYNN R DEWSNUP  BOX 767 RUPERT, IDAHO 83350  JEANNINE DEWSNUP  BOX 767 RUPERT, IDAHO 83350  6. Future effective date of filing (optional):  Signature of organizer(s). (An organizer is a member, or is cting in behalf of a member or mergbers).  Secretary of State use only  |      | (Mailing Address, If different than street address)                                   |  |  |
| 4. The name and address of at least one member or manager of the limited liability company:    Name   | 3.   | The name and complete street address of the registered agent:                         |  |  |
| 4. The name and address of at least one member or manager of the limited liability company:    Name   |      | WILLIAM A PARSONS   | 137 WEST 13TH BURLEY, IDAHO 83318  |  |
| Name  Name  WYNN R DEWSNUP  BOX 767 RUPERT, IDAHO 83350  JEANNINE DEWSNUP  BOX 767 RUPERT, IDAHO 83350  Mailing address for future correspondence (annual report notices):  BOX 767 RUPERT, IDAHO 83350  6. Future effective date of filing (optional):  Signature of organizer(s). (An organizer is a member, or is citing in behalf of a member or members).  Secretary of State use only   |      | (Name) (Street Address)   |  |  |
| JEANNINE DEWSNUP  BOX 767 RUPERT, IDAHO 83350  Mailing address for future correspondence (annual report notices):  BOX 767 RUPERT, IDAHO 83350  6. Future effective date of filing (optional):  Signature of organizer(s). (An organizer is a member, or is cting in behalf of a member or members).  Secretary of State use only   | •-   | company:<br><u>Name</u>   | Address  |  |
| 5. Mailing address for future correspondence (annual report notices):  BOX 767 RUPERT, IDAHO 83350  6. Future effective date of filing (optional):  Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).  Secretary of State use only  |      |   |  |  |
| 6. Future effective date of filing (optional):  Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).  Secretary of State use only  |      | JEANNINE DEWSNUP  | BOX 767 RUPERT, IDAHO 83350  |  |
| 6. Future effective date of filing (optional):  Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).  Secretary of State use only  |      |   |  |  |
| 6. Future effective date of filing (optional):  Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).  Secretary of State use only  |      |   |  |  |
| 6. Future effective date of filing (optional):  Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).  Secretary of State use only  |      |   |  |  |
| 6. Future effective date of filing (optional):  Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).  Secretary of State use only  |      |   |  |  |
| 6. Future effective date of filing (optional):  Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).  Secretary of State use only  | 5.   | Mailing address for future correspond   | dence (annual report notices):   |  |
| Signature of organizer(s). (An organizer is a member, or is a member or member or members).  Secretary of State use only  |      | BOX 767   | RUPERT, IDAHO 83350  |  |
| Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).  Secretary of State use only  | _    |   |  |  |
| acting in behalf of a member or members).  Secretary of State use only  | 6.   | Future effective date of filing (optional   | il):   |  |
| acting in behalf of a member or members).  Secretary of State use only  | 2ia, | isture of organization /An organization of  | mambar ar is   |  |
| Secretary of State use only   | -    |   |  |  |
| Fignature WILLIAM A PARSONS   |      | 11,000 k  | Secretary of State use only  |  |
| Typed Name:   | -    |   |  |  |
|   | Ур   | ed Name: VILLIAM A PARSONS  | - The state of the |  |

Signature\_\_\_\_\_ Typed Name: