



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2014 APR 28 AM 9:48

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

VANORDEN GRAZING, LLC

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

933 WEST HIGHWAY 39, BLACKFOOT, ID 83221

(Street Address)

933 WEST HIGHWAY 39, BLACKFOOT, ID 83221

(Mailing Address, if different than street address)

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

SHELLI VANORDEN

(Name)

933 WEST HIGHWAY 39, BLACKFOOT, ID 83221

(Street Address)

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

Name

Address

JAY VANORDEN

933 WEST HIGHWAY 39, BLACKFOOT, ID 83221

DEXTER VANORDEN

33 SOUTH 800 WEST, BLACKFOOT, ID 83221

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

933 WEST HIGHWAY 39, BLACKFOOT, ID 83221

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

Signature of a manager, member or authorized person.

Signature

Typed Name: DEXTER VANORDEN

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

04/28/2014 05:00

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