



# CERTIFICATE OF ORGANIZATION **FILED EFFECTIVE** LIMITED LIABILITY COMPANY

(Instructions on back of application)

11 FEB 28 AM 9:08

1. The name of the limited liability company is:

MICKELSEN FARMS, LLC

SECRETARY OF STATE  
STATE OF IDAHO

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

9088 N RIVER ROAD

(Street Address)

IDAHO FALLS, ID 83402

(Mailing Address, if different than street address)

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

MARK A MICKELSEN

(Name)

9088 N RIVER ROAD, IDAHO FALLS, ID 83402

(Street Address)

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

**Name**

**Address**

MARK A MICKELSEN

9088 N RIVER ROAD, IDAHO FALLS, ID 83402

LYNN MICKELSEN

987 S 55 W, IDAHO FALLS, ID 83402

DALE MICKELSEN

5249 N 5 W, IDAHO FALLS, ID 83402

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

P.O. Box 438, Rugby ID 83442

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: MARK A MICKELSEN

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE  
02/28/2011 05:00  
CK: 1199 CT: 255989 BH: 1261847  
1 @ 100.00 = 100.00 ORGAN LLC # 2

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