

Signature_ Typed Name:

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE

(Instructions on back of application)

	(11138140810110 011 040	<u> </u>	SECRETARY OF ST
. The na	me of the limited liability co	ompany is:	STATE OF IDAHC
	J. D. 1	Ward Land Company, LLC	
The co	mplete street and mailing a	ddresses of the initial design	ated/principal office:
		500 East, Twin Falls, Idaho 83301	
(Street A	Address) 3356 North 2	500 East, Twin Falls, Idaho 83301	
(Mailing	Address, if different than street address)		
. The na	ime and complete street ad	dress of the registered agent	is
	Jeffrey L. Ward	3356 North 2500 East, Tv	vin Falls, Idaho 83301
(Name)		(Street Address)	:
·	<u>Name</u> Jeffrey L. Ward	Addres 3356 North 2500 East, Tv	win Falls, Idaho 83301
	Deborah A. Ward	3356 North 2500 East, Tv	win Falls, Idaho 83301
· · · · · · · · · · · · · · · · · · ·			
· · ·			
		×	
	•	ondence (annual report notic	es):
SAM	n v		
ት Future	effective date of filing (opti	onal):	.*
 			
Signature	of organizer(s). (Amorganizer i	is a menther, or is	
-	nalf of a member or members).	s	ecretary of State use only
Signature	W. D. V.T.	ON JE-PMD	
rigi iatui 🗢		d. II	

w91984