



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2013 JUN -6 AM 9:09

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Tree Grower LLC

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

305 Washington St, Salmon ID 83467

(Street Address)

(Mailing Address, if different than street address)

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

Calvin Leman

(Name)

305 Washington St, Salmon ID 83467

(Street Address)

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

Name

Address

Calvin Leman

305 Washington St, Salmon ID 83467

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

305 Washington St, Salmon ID 83467

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Calvin B Leman

Typed Name: Calvin Leman

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE
06/06/2013 05:00
CK: 1878 CT: 223913 BH: 1376942
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