

Typed Name:

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

FILED EFFE TIVE 09 APR -9 AM 8: 56

***	(Instructions on back	of application)	000
No raines	- (manucaona on pack	от аррисацогт)	SECRETARY OF STATE
1.	The name of the limited liability con	npany is:	SECRETARY OF STATE STATE OF IDAHO
	HIGH	MOUNTAIN HAY LLC	
2.	The complete street and mailing add	dresses of the initial designa	ted/principal office:
		000 CUSTER ROAD	3 3
	(Street Address)	LIS, IDAHO 83235	
	(Mailing Address, if different than street address)		
3.	The name and complete street addr	ess of the registered agent:	
	DENISE DOWTON	5500 CUSTER	ROAD
	(Name)	(Street Address)	
	The name and address of at least or company:	ne member or manager of th	e limited liability
	<u>Name</u>	Address	
	DENISE DOWTON	5500 CUSTER ROAD, EL	LIS IDAHO 83235
	STEPHEN BAUCHMAN	PO BOX 10, CHALLIS	DAHO 83226
	JIMMIE DOWTON	5500 CUSTER ROAD, EL	LIS IDAHO 83235
			<u> </u>
5. 1	Mailing address for future correspon		
6. I	Future effective date of filing (optional):		
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-	ature of organizer(s). (An organizer is a	member, or is	
acung	in behalf of a member or members).	Secre	tary of State use only
Sign	ature tenise Dowton	#C.PM	
•	d Name: DENISE DOWTON	60	
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Sian	atura Atendial Velle	2000	IPANU SEUXETARY OF STATE

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