

FILED EFFECTIVE



CONSOLIDATED STATEMENT OF PARTNERSHIP AUTHORITY 4:45
AND
QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP SECRETARY OF STATE OF IDAHO
(Instructions on back of application)

The undersigned hereby file a consolidated statement of partnership authority and statement of limited liability partnership, and submit the following information to the Secretary of State pursuant to Idaho Code § 53-3-1001A, § 53-3-1001, § 53-3-303.

1. The name of the limited liability partnership is:
Eagle Eye Produce Planning, LLP

2. Its prior name, if any, was:

3. The street address of its chief executive office is:
4050 E Lincoln, Idaho Falls, Idaho 83401

4. The street address of one (1) office in Idaho; or name and street address of its registered agent in Idaho:
4050 E. Lincoln, Idaho Falls, Idaho 83401

5. The names and mailing addresses of all partners (attached sheets may be added):

Name	Address
Newman Giles	P.O. Box 480, Iona, Idaho 83427
Shane Thomas	P.O. Box 480, Iona, Idaho 83427

6. The names of the partners authorized to execute an instrument transferring real property held in the name of the partnership:

Newman Giles Shane Thomas

7. The mailing address for future correspondence is:
P.O. Box 480, Iona, Idaho 83427

8. The above-named partnership elects to be a limited liability partnership.

9. Future effective date (optional):

Secretary of State use only

10. Signatures of at least 2 partners:

1)

Typed Name: Newman Giles

2)

Typed Name: Shane Thomas

Form 4000-02-000
 Printed 02/2010

IDAHO SECRETARY OF STATE
 09/18/2012 05:00
 CK: NONE CT: 1117 BH: 1348326
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EXHIBIT

5. The names and addresses of all partners (continued):

John Gee P.O. Box 460, Iona, Idaho 83427

Lane Jacobsen P.O. Box 460, Iona, Idaho 83427

Justin Clement P.O. Box 460, Iona, Idaho 83427

Lance Poole P.O. Box 460, Iona, Idaho 83427