



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2012 JUN 18 AM 9:25
SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Hayes Cages, LLC

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

35 Whispering Pines Sagle, ID 83860

(Street Address)

PO box 382 Sagle, ID 83860

(Mailing Address, if different than street address)

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

Lawrence A Hayes

(Name)

55 Whispering Pines Sagle, ID 83860

(Street Address)

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

Name

Address

Lawrence A Hayes, manager

55 Whispering Pines Sagle, ID 83860

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

PO box 382 Sagle, ID 83860

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature Lawrence A Hayes mgr

Typed Name: Lawrence A Hayes

Signature _____

Typed Name: _____

Secretary of State use only

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06/18/2012 05:00
CK: 1223 CT: 271545 BH: 1320732
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