

## CERTIFICATE OF ORGANIZATION ED EFFECTIVE LIMITED LIABILITY COMPANY

2013 JAN 18 PM 4:53

(Instructions on back of application)

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1. The name of the limited liability co	ompany is:  SECRETATY OF STATE OF IDAHO
LARCHWOOD FARMS LLC	Office Of Date Of
2. The complete street and mailing a 2969 HWY 200, TROUT CREEK, MT	iddresses of the initial designated office:
(Street Address) P.O. BOX 1520, TROUT CREEK, MT	
(Mailing Address, if different than street address)  3. The name and complete street address	
The name and complete street ad-	dress of the registered agent:
BONNIE STEARNS	12530 N KELLY RAE DRIVE, HAYDEN ID 83835
(Name)	(Street Address)
The name and address of at least company:	one member or manager of the limited liability
<u>Name</u>	<u>Address</u>
MARLA HEDMAN	2969 HWY 200 TROUT CREEK, MT 59874
-	
5. Mailing address for future correspondence	ondence (annual report notices):
12530 N KELLY RAE DRIVE, HAYDEN	I ID 83835
6. Future effective date of filing (option	onal):
Signature of a manager, member of person.	or authorized
	Secretary of State use only
Signature Marla Hedma Typed Name: MARLA HEDMAN	<u>in</u>
Typed Name: MARLA HEDMAN	
Signature	IDAHO SECRETARY OF STATE  01/18/2013 05:00  CK: 1062 CT: 278374 BH: 1356433
Typed Name:	1 8 1062 C1: 278374 BH: 1336433 1 8 106.00 = 188.00 ORGAN LLC # 2

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