

	(Instructions on ba	ick of application)
1.	The name of the limited liability of	sompany is: SECRETARY OF STATE STATE OF IDAHO
	•	CHRISTENSEN FARMS, LLC
2.	The complete street and mailing addresses of the initial designated/principal office: 8725 BIG FOOT RD., MELBA, ID 83641	
	(Street Address) SAME	
	(Mailing Address, if different than street address)	
3.	The name and complete street address of the registered agent:	
	JUSTIN CHRISTENSEN	8725 BIG FOOT RD., MELBA, ID 83641
	(Name)	(Street Address)
4.	company: Name	t one member or manager of the limited liability Address
	JUSTIN CHRISTENSEN	8725 BIG FOOT RD., MELBA, ID 83641
	MICHAEL CHRISTENSEN	8725 BIG FOOT RD., MELBA, ID 83641
	10-00-00-10-10	
5.	Mailing address for future corresp	
	8725 BIG FOOT RD., MELBA, ID 8364	1 1
6.	Future effective date of filing (option	onal):
-	, , , , , , , , , , , , , , , , , , ,	
_	nature of a manager, member	or authorized
per	son.	Secretary of State use only
Sig	nature The Chil	
-	ped Name: JUSTIN CHRISTENSEN	
	I mai Di 7	
_	nature ///Chae/ Muslim	IDAHO SECRETARY OF STATE 12/06/2010 05:00
Тур	ed Name: MICHAEL CHRISTENSEN	CK: 2536 CT: 253264 BH: 1249559

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