

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY 1815

2015 JAN -8 F	'n	2:	25
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(Instruction	ns on back of application	7
. The name of the limited l	liability company Is:	SECRETARY OF STATE STATE OF IDAHO
Idaho Evergreens, LLC		
The complete street and s 5275 Highway 8, Deary, ID 8	_	initial designated office:
(Street Address)		
(Mailing Address, if different than st	rest addrese)	
. The name and complete	street address of the reg	istered agent:
Gabriel French	1311 Brush C	reek Rd. Deary, ID 83823
(Name)	(Street Address)	
. The name and address of company: Name	T at least one member o	manager of the limited liability Address
Gabriel French	1311 Brush C	reek Rd. Deary, ID 83823
P.O. Box 164 Deary, ID 8382	•	al report notices):
. Future effective date of fil	ling (optional):	
ignature of a manager, merson.	nember or authorized	
ignature <u>kulis</u>	Jean	Secretary of State use only
ped Name: Gabriel French		IDANO SECRETARY OF STAT
		01/08/2015 05:00 CR:2483356 CT:172099 BH:
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Signature_____

Typed Name: _____

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