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-FILED-

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Certificate of Organization Limited Liability Company Select one: Standard, Expedited or Same Day Service (see descriptions below)	Expedited (+\$40; filing fee \$140)
1. Limited Liability Company Name	
Type of Limited Liability Company	Limited Liability Company
Entity name	Farrar Family, LLC
2. The complete street address of the principal office is:	
Principal Office Address	11600 E. SIMS LN. ATHOL, ID 83801
3. The mailing address of the principal office is:	
Mailing Address	PO BOX 2439 POST FALLS, ID 83877-2439
4. Registered Agent Name and Address	
Registered Agent	Registered Agent Lisa Farrar Physical Address: 11600 E SIMS LN ATHOL, ID 83801-7025

I affirm that the registered agent appointed has consented to serve as registered agent for this entity.

5. Governors

Name	Address
Myron Farrar	11600 E. SIMS LN. ATHOL, ID 83801
Lisa Farrar	11600 E. SIMS LN. ATHOL, ID 83801

Mailing Address: 11600 E SIMS LN

ATHOL, ID 83801-7025

Signature of Organizer:

Myron Farrar 03/31/2025

Sign Here Date