



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE
2014 NOV 26 AM 9:18
SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Idaho Native Plants, L.L.C.

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

113 Toponce Dr./Pocatello, ID 83204

(Street Address)

(Mailing Address, if different than street address)

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

Collin Miller

(Name)

113 Toponce Dr./Pocatello, ID 83204

(Street Address)

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

Name

Address

Collin Miller

113 Toponce Dr./Pocatello, ID 83204

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

Collin Miller/113 Toponce Dr./Pocatello, ID 83204

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature _____

Typed Name: Collin Miller

Signature _____

Typed Name: _____

IDAHO SECRETARY OF STATE

Secretary of State use only

11/26/2014 05:00

CK:1071 CT:132102 BH:1450821

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