

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE 11 JUN -3 AM 9: 04

	(Instructions on back	or application	SEGT TO AL	
1.	The name of the limited liability con	npany is:	SECTON OF STATE	
	•	T LIVESTOCK LI	.c	
_	<u></u>			
2.	The complete street and mailing add		initial designated/principal office:	
	(Street Address)			
	(Silest Addiess)			
	(Mailing Address, if different than street address)			
3.	The name and complete street address of the registered agent:			
	JOHN KOLBET	3606 W 33 N IDAHO FALLS ID 83401		
	(Name)	(Street Address)		
4.	company:			
	Name	0000 M(22 N)	Address DAHO FALLS ID 83401	
	JOHN KOLBET	3000 W 33 N I	DANO PALLS ID 83401	
5.	Mailing address for future correspor	ndence (annua	l report notices):	
	329 S WOODRUFF AVE IDAHO FALLS ID 83401			
6.	6. Future effective date of filing (optional):			
_	nature of a manager, member or	authorized		
•	nature Illu Killet		Secretary of State use only	
	ed Name://JOHN KOLBET		*	
• •	V			
Sign	nature		IDANG SECRETARY OF STATE 06/03/2011 05:00	
_	ed Name:		CK: 5210 CT: 259452 BH: 1276713	

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