

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY 09 MAY 19 AM 8: 30

(Instructions on back of application)

SECRETARY OF STATE STATE OF IDAHO

1. The name of	the limited liability con	npany is:	ATE OF IDAHO
Horséshoe Nursery LLC			
2. The complete street and mailing addresses of the initial designated/principal office:			
		Horseshoe Bend, II	
(Mailing Address, if different than street address)			
3. The name and complete street address of the registered agent:			
Kathy (Name)	Broom	29 Cook Guldh RD, H (Street Address)	58.70 83629
The name and address of at least one member or manager of the limited liability company:			
	<u>Name</u>	Addma	
Martin	Broom	29 COOK Gulch 1	4SB, TD 83629
Kathy	Broom		
5. Mailing address for future correspondence (annual report notices):  29 Cook Gulch Rd. Horseshoe Bend, ID 83629			
6. Future effective date of filing (optional):			
Signature of organizer(s). (An organizer is a member, or is (208) 793-4121 acting in behalf of a member or members).			
./			etary of State use only
Signature	athy Broom		
Typed Name:	Kathy Broom	- Island	
Signature	•	077200	IDAHO SECRETARY OF STATE 05/19/2009 05:00
Typed Name:		Proforms/LLC formsteart_org_Ec.PMD Revised 0772008	K: 5124 CT: 237228 BH: 1171041 0 106.00 = 106.00 DRGON LLC
		E	6 50.00 = 50.00 EXPEDITE C

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