



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 MAY -6 AM 8:22

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

3 BAR B LIVESTOCK, LLC

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

865 Comanche Trail, Emmett, Idaho 83617

(Street Address)

P.O. Box 635, Emmett, Idaho 83617

(Mailing Address, if different than street address)

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

Sonia Jean Branch

865 Comanche Trail, Emmett, Idaho 83617

(Name)

(Street Address)

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

Name

Sonia Jean Branch

Address

P.O. Box 635, Emmett, Idaho 83617

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

3 BAR B LIVESTOCK, LLC, P.O. Box 635, Emmett, Idaho 83617

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

Signature of organizer(s). (An organizer is a member, or is
acting in behalf of a member or members).

Signature _____

Typed Name: Sonia Jean Branch

Signature _____

Typed Name: _____

 LLCForm500LLC formstate.org - C.PAD
Revised 07/2008

Secretary of State use only

 IDAHO SECRETARY OF STATE
 05/06/2009 05:00
 CH: 6849 CT: 193693 BH: 1169215
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