



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

**FILED EFFECTIVE**

2012 DEC 31 AM 9:34

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Turner Honey, LLC.

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

423 N A St., Grangeville, ID 83530

(Street Address)

(Mailing Address, if different than street address)

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

Leslie Bowman

(Name)

423 N A St., Grangeville, ID 83530

(Street Address)

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

<u>Name</u>	<u>Address</u>
<u>Leslie Bowman</u>	<u>423 N A St., Grangeville, ID 83530</u>
_____	_____
_____	_____
_____	_____
_____	_____

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

423 N A St., Grangeville, ID 83530

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of a manager, member or authorized person.

Signature Leslie Bowman  
Typed Name Leslie Bowman

Signature \_\_\_\_\_  
Typed Name: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE  
12/31/2012 05:00  
CK: 2138 CT: 277708 BH: 1353568  
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