

FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2012 DEC 31 PM 12: 37

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

MAPLE RIDGE FARMS, LLC

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

5935 WEST OXFORD CREEK RD CLIFTON, ID 83228

(Street Address)

(Mailing Address, if different than street address)

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

CLARK COX

(Name)

5935 W. OXFORD RD. CLIFTON, ID 83228

(Street Address)

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

Name

Address

WANDA COX

8955 NORTH CHURCH CLIFTON, ID 83228

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

5935 WEST OXFORD CREEK RD CLIFTON, ID 83228

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

Signature of a manager, member or authorized person.

Signature

Typed Name: WANDA COX

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
12/31/2012 05:00
CK: 1239149 CT: 172099 BH: 1353526
1 @ 100.00 = 100.00 ORGAN LLC # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

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