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CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

 2014 JUN 18 PM :42
 SECRETARY OF STATE
 STATE OF IDAHO

1. The name of the limited liability company is:

Eagle Eye Farm Operations, LLC

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

4050 E. Lincoln Road, Idaho Falls, Idaho 83401

(Street Address)

P.O. Box 460, Iona, Idaho 83427

(Mailing Address, if different than street address)

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

Newman Giles

(Name)

4050 E. Lincoln Road, Idaho Falls Id 83401

(Street Address)

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

Name

Eagle Eye Produce, Inc.

Address

P.O. Box 460, Iona, Idaho 83427

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

P.O. Box 460, Iona, Idaho 83427

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

Signature of a manager, member or authorized person.

 Signature Shane Thomas

 Typed Name: Shane Thomas, Eagle Eye Prod., Inc

Secretary of State use only

Signature _____

Typed Name: _____

IDAHO SECRETARY OF STATE

06/19/2014 05:00

 CR:PREPAID CT:1117 BH:1429748
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