



CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 NOV 19 AM 8:17

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

TABER FAMILY, LLC

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

495 East 20 North, Shoshone, Idaho 83352

(Street Address)

Same

(Mailing Address, if different than street address)

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

Donald Taber

(Name)

312 East 20 North, Shoshone, Idaho 83352

(Street Address)

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

Name

Address

Donald Edward Taber

312 East 20 North, Shoshone, Idaho 83352

Donald Christopher Taber

493 East 20 North, Shoshone, Idaho 83352

Darren Wayne Taber

474 East Highway 26, Shoshone, Idaho 83352

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

495 East 20 North, Shoshone, Idaho 83352

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

Signature of a manager, member or authorized person.

Signature Donald Edward Taber

Typed Name: Donald Edward Taber

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
11/19/2010 05:00
CK: 12041 CT: 21151 BH: 1247839
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