

Typed Name:

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

10 APR 27 AM 10: 37

(Instructions on back of application)

SECRETARY OF STATE

1.	The name of the limited liability company is:	STATE OF IDAHO
	McPherson Fa	arms LLC
2.	The complete street address, and mailing address, and mailing address principal office:	dress if different, of the initial designated/
	1488 Midway Ave., Idaho	Falls, Idaho 83406
3.	The name of the commercial registered agent address of the non-commercial registered agent	•
	Daniel McPherson, 5250 East 65th S	South, Idaho Falis, Idaho 83406
4.	The name and address of at least one member or manager of the limited liability company:	
	<u>Name</u>	Address
	Daniel McPherson 148	88 Midway Ave., Idaho Falls, Idaho 83406
5.	Mailing address for future correspondence (a	nnual report notices):
	c/o: 1488 Midway Ave., Idal	ho Falls, Idaho 83406
Sigi	Future effective date of filing (optional):	
	acting in behalf of a required, and existing, initial members	Secretary of State use only
a M	nembers).	S S S S S S S S S S S S S S S S S S S
Sig:	nature	
Гур	ed Name: Karla Figueroa, Legalzoom.com, Inc.	IDAHO SECRETARY OF STATE 904/27/2010 25:40
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