



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

2014 JAN 16 AM 9:25

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

AQUABALANCE FEEDS, LLC

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

224 OAK CREEK CIRCLE, TWIN FALLS, ID 83301

(Street Address)

(Mailing Address, if different than street address)

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

DR. RONALD W. HARDY

(Name)

224 OAK CREEK CIRCLE, TWIN FALLS, ID 83301

(Street Address)

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

Name	Address
<u>DR. RONALD W. HARDY</u>	<u>224 OAK CREEK CIRCLE, TWIN FALLS, ID 83301</u>
<u>BARBARA HARDY</u>	<u>224 OAK CREEK CIRCLE, TWIN FALLS, ID 83301</u>
<u>ANDREAS BREZAS</u>	<u>3059F NATIONAL FISH HATCHERY RD, HAGERMAN</u>
_____	_____
_____	_____

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

224 OAK CREEK CIRCLE, TWIN FALLS, ID 83301

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

Signature of a manager, member or authorized person.

Signature *Ronald W. Hardy*  
Typed Name: DR. RONALD W. HARDY

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

Secretary of State use only

*W 133279*

IDAHO SECRETARY OF STATE  
01/16/2014 05:00  
CK: 3700 CT: 291835 BH: 1406357  
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