

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

FILED EFFECTIVE 2015 APR 27 AM 10: 21

(instructions on back of application)

(iiisti dottoris oit	pack or application	SECRETARY	
1. The name of the limited liability	/ company is:	SECRETARY OF STATE	
Legacy Farms NW LLC	• •		
2. The complete street and mailing 680 North Main Street, Sandpoint, lo	<del>-</del>	initial designated office:	
(Street Address) 315 Saint Clair Ave, Sandpoint, Idal (Mailing Address, if different than street addr			
3. The name and complete street	•	stered agent:	
Karen Forsythe	207 Cedar St, Sandpoint, Idaho 83864		
(Name)	(Street Address)		
company: <u>Name</u> Judie Conlan	315 Saint Clair	Address Ave, Sandpoint, Idaho 83864	
Karen Forsythe	207 Cedar St.	207 Cedar St, Sandpoint, Idaho 83864	
<ol> <li>Mailing address for future corre</li> <li>315 Saint Clair Ave, Sandpoint, Idah</li> </ol>	•	report notices):	
6. Future effective date of filing (or	ptional):		
Signature of a manager, membe person.	r or authorized		
<i>*</i>		Secretary of State use only	
Signature Judie Contro	<u> </u>	10AHO SECRETARY OF STATE 04/27/2015 05:00	
Typed Name: Judie Conlan		CK:2967 CT:309514 BH:147 16 100.00 = 100.00 DRGAN I	
Signature			

W150951

Typed Name: Karen Porsythe