

Typed Name: LINDA M CORSON

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

11 APR 25 AM 8: 57

	(Instructions on back	of application)
4	The name of the limited lightlifty same	npany is: SECRETARY OF STATE STATE OF IDAHO
١.	The name of the limited liability con	PROOT FARMS, LLC
_		
2.		dresses of the initial designated/principal office:
	93 INNER WAY BONNERS FERRY, IDAI (Street Address)	HO 83805
	•	
	(Mailing Address, if different than street address)	
3.	The name and complete street address of the registered agent:	
	BENJAMIN T CORSON	93 INNER WAY BONNERS FERRY ID 83805
	(Name)	(Street Address)
4.	The name and address of at least one member or manager of the limited liability	
	company:	<u>Address</u>
	BENJAMIN T CORSON	93 INNER WAY BONNERS FERRY ID 83805
	LINDA M CORSON	93 INNER WAY BONNNERS FERRY ID 83805
5.	Mailing address for future correspon	ndence (annual report notices):
	93 INNER WAY BONNERS FERRY ID 83	•
6.	Future effective date of filing (option	nal):
	· .	Sec. 1
Sia	nature of a manager, member or	authorized
_	son.	
	R10	Secretary of State use only
_	nature Henjamin J. Corse	en e
Тур	ed Name: BENJAMIN T CORSON	
	6.0 5.1 0-	
Sign	nature Kinda M. Cor	YRAUD OPPOPERATE OF STATE

IDAHO SECRETARY OF STATE

04/25/2011 05:00

CK: NO CHECK N CT: 258104 BH: 1278687
1 0 100.00 = 100.00 ORGAN LLC N 2

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