

Typed Name:

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY 11 0CT -3 AM 9: 19

€ ¥	المحقق (Instructions on bac	k of application)
1.	The name of the limited liability co	ompany is: SECRETARY OF STATE STATE OF IDAHO
		Design Farm LLC
2.	The complete street and mailing a 140 East Birch Street, Victor, Idaho 834	ddresses of the initial designated/principal office:
	(Street Address) P.O. Box 132 Victor, Idaho 83455	
	(Mailing Address, if different than street address)	
3.	The name and complete street address of the registered agent:	
	Emma Adkisson	140 East Birch Street, Victor, Idaho 83455
	(Name)	(Street Address)
4.	The name and address of at least one member or manager of the limited liability company:	
	Name Emma Adkisson	Address 440 East Birch Street Victor Idaha 92455
	Enima Adrisson	140 East Birch Street, Victor, Idaho 83455
5.	Mailing address for future correspondence P.O. Box 132, Victor, Idaho 83455	ondence (annual report notices):
6		
0.	ruture effective date of filling (option	onal):
_	nature of a manager, member o	or authorized
po.		Secretary of State use only
_	nature MM	
Тур	ed Name: <u>EMMA ADKISSON</u>	/
Sig	nature	IDAHO SECRETARY OF STATE

CK: 2091 CT: 262947 BH: 1292752 1 8 100.00 = 100.00 ORSAN LLC # 2