



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

**FILED EFFECTIVE**

2015 MAR 19 PM 1:05

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

FARB FARMS, LLC

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

2323 N. HWY 41

(Street Address)

POST FALLS, ID 83854

(Mailing Address, if different than street address)

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

DAVID FARB

(Name)

2323<sup>N.</sup> HWY 41, POST FALLS, ID

(Street Address)

83845

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

Name

Address

DAVID FARB

2323<sup>N.</sup> HWY 41, POST FALLS, ID

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

2323<sup>N.</sup> HWY 41, POST FALLS, ID 83845

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

Signature of a manager, member or authorized person.

Signature \_\_\_\_\_

Typed Name: DAVID FARB

Signature \_\_\_\_\_

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

Secretary of State use only

IDAHO SECRETARY OF STATE

03/19/2015 05:00

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