

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

1. The name of the limited liability company is:

08 AUG 29 AH 10: 53

SECRETARY OF STATE STATE OF IDAHO

	Solstice Urban Farms, L.L.C.		
2. The complete street and mailing	g addresses of the initial designated	/principal office:	
	Shoshone St., Boise, Idaho 83705		
(Street Address)			
(Mailing Address, if different than street addre	988)		
3. The name and complete street a	address of the registered agent:		
Peter D. Pearson	1156 S. Shoshone St., Boise	, Idaho 83705	
(Name)	(Street Address)		
<ol> <li>The name and address of at lea company:</li> </ol>	st one member or manager of the li	mited liability	
Name	Address	* · · · ·	
Peter D. Pearson 1156 S. Shoshone St., Boise, Ida		, Idaho 83705	
	spondence (annual report notices): Shoshone St., Boise, Idaho 83705		
1100 3.	Shoshone St., Boise, Idano 83705		
6. Future effective date of filing (op	tional):		
ignature of organizer(s). (An organize	r is a member, or is	•	
cting in behalf of a member or members).			
ignature #	Secretary	of State use only	
yped Name: Peter D. Pears	son g		
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gnature		IDAHO SECRETARY OF STATE	
yped Name:	The State of the S	/29/2008 05:0 3272 CT: 87670 BH: 11337	
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