

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

## FILED EFFECTIVE

(Instructions on back of application)

2015 JUN -2 AM 8: 19

The name of the limited liability co	ompany is: SECRETARY OF STATE STATE OF IDAHO
LEMHI TRACTOR & EQUIPMENT LLC	
<u>**                                   </u>	ddresses of the initial designated office:
<u> </u>	
(Mailing Address, if different than street address)  3. The name and complete street address	
o. The hame and semplete street add	arous or the registered agent.
CHRISTOPHER D OSGOOD	1412 SHOUP ST. SALMON, ID. 83467
(Name)	(Street Address)
The name and address of at least company:	one member or manager of the limited liability
<u>Name</u>	<u>Address</u>
APRIL L OSGOOD	1412 SHOUP ST. SALMON ID. 83467
5. Mailing address for future correspo	ondence (annual report notices):
507 N. SAINT CHARLES ST. SALMON	I, ID. 83467
	`
6. Future effective date of filing (optio	onal):
Signature of a manager, member o person.	or authorized
10/1/	Secretary of State use only
Signature	IDAHO SECRETARY OF STATE
Typed Name: CHRISTOPHER D OSGOO	00/02/2015 05.00
Signature Suff Dans	CK:1561 CT:310897 BH:1477999 16 100.00 = 100.00 ORGAN LLC
Typed Name: APRILL OSGOOD	W152387

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