



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 SEP 17 AM 8:27

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Hegsted Family LLC

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

1419 N. 2nd E., Rexburg, ID 83440

(Street Address)

(Mailing Address, if different than street address)

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

John B. Hegsted

(Name)

1419 N. 2nd E., Rexburg, ID 83440

(Street Address)

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

Name

Address

John B. Hegsted

1419 N. 2nd E., Rexburg, ID 83440

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

1419 N. 2nd E., Rexburg, ID 83440

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature John B. Hegsted
Typed Name: John B. Hegsted

Signature _____
Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
09/17/2010 05:00
CK: 341122 CT: 251345 BH: 1239334
1 @ 100.00 = 100.00 ORGAN LLC # 2

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