



**CERTIFICATE OF ORGANIZATION
LIMITED LIABILITY COMPANY**

(Instructions on back of application)

FILED EFFECTIVE

2009 MAR -4 AM 8:39

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

DELL P SMITH FARM LLC

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

1880 FILLMORE STREET, TWIN FALLS, ID 83301

(Street Address)

(Mailing Address, if different than street address)

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

DELL P SMITH

(Name)

1880 FILLMORE STREET, TWIN FALLS, ID 83301

(Street Address)

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

Name

DELL P SMITH MD

Address

1880 FILLMORE STREET, TWIN FALLS, ID 83301

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

1880 FILLMORE STREET, TWIN FALLS, ID 83301

6. Future effective date of filing (optional):

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature

Typed Name:

DELL P SMITH

Signature

Typed Name:

Secretary of State use only

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Bredford 07/20/06

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 03/04/2009 05:00
 CK: 200706 CT: 172099 DN: 1159539
 1 @ 100.00 = 100.00 ORGAN LLC # 2
 1 @ 20.00 = 20.00 EXPEDITE C # 3

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