(Instructions on back of application)       2013 SEP 16 All 9: 1/2         1. The name of the limited liability company is:       State of the structure of the limited liability company is:         Advanced Irrigation Technologies, LLC       State of the structure of the limited liability company is:         1. The complete street and mailing addresses of the initial designated office:       State of the structure of the street address         2. The complete street and mailing addresses of the initial designated office:       State of the street address         1. The name and complete street address       State of the street address         3. The name and complete street address of the registered agent:       Mark L. Goodman         Mark L. Goodman       857 Moming Sun Drive, Twin Falls, ID 83301         (Name)       Address         Mark L. Goodman       857 Moming Sun Drive, Twin Falls, ID 83301         Mark L. Goodman       857 Moming Sun Drive, Twin Falls, ID 83301         Mark L. Goodman       857 Moming Sun Drive, Twin Falls, ID 83301         Josh Mulkey       4251 N. 1400 E., Buhl, Idaho 83316		CERTIFICATE OF	ITY COMPANY
1. The name of the limited liability company is:       State of the State street and mailing addresses of the initial designated office:         1. The complete street and mailing addresses of the initial designated office:       133 Camey Street         (Street Address)       P.O. Box 1748         (Mailing Address, if different than street address)       857 Morning Sun Drive, Twin Falls, ID 8301         (Name)       857 Morning Sun Drive, Twin Falls, ID 8301         (Name)       (Street Address)         4. The name and address of at least one member or manager of the limited liability company:       Address         Mark L. Goodman       857 Morning Sun Drive, Twin Falls, ID 8301         Mark L. Goodman       857 Morning Sun Drive, Twin Falls, ID 8301         Mark L. Goodman       857 Morning Sun Drive, Twin Falls, ID 8301         Josh Mulkey       4251 N. 1400 E., Buhl, Idaho 83316	TE + O	(Instructions on bac	ck of application) 2013 SEP 16 AM 9: 1.3
2. The complete street and mailing addresses of the initial designated office: 133 Camey Street [Street Address] P.O. Box 1748 [Milling Address, if different than street address) 3. The name and complete street address of the registered agent: Mark L. Goodman [Name] Kame Address Mark L. Goodman B57 Moming Sun Drive, Twin Falls, ID 83301 [Street Address] 4. The name and address of at least one member or manager of the limited liability company: Name Address Mark L. Goodman B57 Moming Sun Drive, Twin Falls, ID 83301 [Street Address] 5. Mailing address for future correspondence (annual report notices): 133 Camey Street, Twin Falls, Idaho 83301 6. Future effective date of filing (optional): Signature MARK L. Goodman Signature S	1. 1	The name of the limited liability co	ompany is: SECFE CARLES STATE
133 Carney Street         (Street Address)         P. O. Box 1748         (Maining Address, if different than street address)         3. The name and complete street address of the registered agent:         Mark L. Goodman       857 Morning Sun Drive, Twin Falls, ID 83301         (Name)       (Street Address)         4. The name and address of at least one member or manager of the limited liability company:         Name       Address         Mark L. Goodman       857 Morning Sun Drive, Twin Falls, ID 83301         Mya L. Goodman       857 Morning Sun Drive, Twin Falls, ID 83301         Josh Mulkey       4251 N. 1400 E., Buhl, Idano 83316		Advanced Irrigation Technologies, LLC	STATE OF TAHO
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Josh Mulkey       4251 N. 1400 E., Buhl, Idaho 83316         5. Mailing address for future correspondence (annual report notices):       133 Carney Street, Twin Falls, Idaho 83301         6. Future effective date of filing (optional):		<u>Name</u> Mark L. Goodman	
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Signature of a manager, member or authorized person. Signature <u>Mark L. Goodman</u> Signature <u>Mark L. Goodman</u> Signature <u>Juan December of State use only</u> Typed Name: <u>Mark L. Goodman</u> Signature <u>Juan December of State use only</u> Typed Name: <u>Mark L. Goodman</u> Signature <u>Juan December of State use only</u> Signature <u>Juan December of State use only</u> Signature <u>Juan December of State use only</u> Signature <u>State use only</u> Signature <u>Mark L. Goodman</u> Signature <u>State use only</u> Signature <u>State use o</u>	e r		
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	Туре	d Name: Mark L. Goodman	IDAHO SECRETARY OF STATE
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