

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY JUN 22 AM 9:01

CE TO	(Instructions on ba	ack of application)	ACCOUNTS	
1.	The name of the limited liability of	company is:	SECREMARY OF STATE STATE OF IDAHO	
	Requa Family Farm, LLC			
2.	The complete street and mailing addresses of the initial designated office:			
	2732 E. 4100 N. Twin Falls, ID 83301 (Street Address)			
	1096 N Eastland Drive Suite 200 Twin Falls, ID 83301			
	(Mailing Address, if different than street address)			
3.	The name and complete street address of the registered agent:			
	Brad Requa	2732 E. 4100 N.	2732 E. 4100 N. Twin Falls, ID 83301	
	(Name)	(Street Address)	(Street Address)	
	The name and address of at leas company:	st one member or m	anager of the limited liability	
	<u>Name</u>		<u>Address</u>	
	Brad Requa	2732 E. 4100 N.	2732 E. 4100 N. Twin Falls, ID 83301	
		<u> </u>		
_				
5.	Mailing address for future corres	•	eport notices):	
	1096 N Eastland Drive Suite 200 Twi	in Falls, ID 83301	<u> </u>	
6.	Future effective date of filing (opt	tional).		
Ο.	ruture enective date or ming (opi	lionaly.		
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pers	nature of a manager, member	or authorized		
-			Secretary of State use only	
Sign	lature Bas Ragne	<u>~</u>		
Туре	ed Name: Brad Requa			
٥.			IDAHO SECRETARY OF STATE	
	ature		06/22/2012 05:00 CK: 5948 CT: 271692 BH: 1329374	
Type	ed Name:		1 @ 190.00 = 100.00 ORGAN LLC # 2	

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