

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE

ONEC 17 AM 8: 32

3		- N 8: 32
T T	(Instructions on t	pack of al 10 DEC 17 AM 8: 32
1.	The name of the limited liability	~~ CTATE
		XFL Barron Farms-LLC STATE OF IDATIO
2.	The complete street and mailing	g addresses of the initial designated/principal office:
۷.	281 N 125 W Rupert ID 83350	
	(Street Address)	
	PO Box 448 Rupert ID 83350 (Mailing Address, if different than street address)	ess)
3.	The name and complete street address of the registered agent:	
	Cosme Barron (Name)	281 N 125 W Rupert TD 83350 (Street Address)
4.	The name and address of at lea	ast one member or manager of the limited liability
	company:	Address
	Name	
	Cosme Barron	281 N 125 W Rupert ID 83350
	•	
_	A R. O'	ospondonce (annual report notices):
5.		espondence (annual report notices):
	PO Box 119 Paul ID 83347	
_	E the effective data of filing (optional):
6.	Future effective date of filling (optionally.
		an an authorized
_	nature of a manager, memb	
•	rson.	Secretary of State use only
Sic	ped Name: Cosme Barron	ບົກ
Tv	ped Name: Cosme Barron	IDAHO SECRETARY OF STATE 12/17/2010 05:00
- 3		CK: 3235 CT: 215293 BH: 1251358
Sic	gnature	
-	ped Name:	
- 3		111 (18(1.7)