

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE 2015 MAR | | AM 8: \$5 LIMITED LIABILITY COMPANY

(Instructions on back of application)

. The name of the limited lial	bility company is:	STAT	ARY OF STATE
Wild West Farms, LLC			JAN O
The complete street and ma 2644 Olive Road, American Fall		initial designated office:	
(Street Address)			
(Mailing Address, if different than street	address)		
The name and complete str	eet address of the reg	istered agent:	
Kim W. West	2644 Olive Ro	ad, American Falls, Idaho 83211	
(Name)	(Street Address)		
The name and address of a company:	t least one member or	manager of the limited liabili	ity
Name		Address	
Kim W. West	2644 Olive Ros	2644 Olive Road, American Falls, Idaho 83211	
Mailing address for future co 2644 Olive Road, American Fall		l report notices):	
Future effective date of filing	ı (optional):		
gnature of a manager, men	nber or authorized		
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ped Name: Kim W. West, Memb	er	IDAHO SECRETA 03/11/201	
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Typed Name: