

251

FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

REC'D FEB 14 AM 9:24
SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Alkali Flats, LLC

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

119 Harrison, American Falls, ID 83211

(Street Address)

P. O. Box 10, American Falls, ID 83211

(Mailing Address, if different than street address)

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

Braden Driscoll

(Name)

119 Harrison, American Falls, ID 83211

(Street Address)

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

Name

Braden Driscoll

Address

119 Harrison, American Falls, ID 83211

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

P. O. Box 10, American Falls, ID 83211

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature

Typed Name: Brock Driscoll, Member

Secretary of State use only

Signature _____

Typed Name: _____

IDAHO SECRETARY OF STATE
02/14/2013 05:00
CK: 28977 CT: 1853 BH: 1360322
1 @ 100.00 = 100.00 ORGAN LLC # 5

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