

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY 12 JAN -3 PM 2: 07

	01.10V	(Instructions on ba	ck of application)	
		,	.,	SECRETARY OF STATE STATE OF IDAHO
1.	The name o	of the limited liability of	ompany is:	STATE OF IDAHO
			TB Ricks Farms LLC	
2.	The complete street and mailing addresses of the initial designated office:			
	206 A Street, Sugar City, Idaho 83448			
	(Street Address)	)		
	(Mailing Address	s, if different than street address	3)	
3.	The name and complete street address of the registered agent:			
	Trevor Ricks		206 A Street, Sugar	City, Idaho 83448
	(Name)	- W	(Street Address)	
4.	The name and address of at least one member or manager of the limited liability company:  Name  Address			
	Trevor Ricks 206 A Street, Sugar City, Idaho 83448		City, Idaho 83448	
5.	_	ress for future corresp , Sugar City, Idaho 83448	•	ort notices):
6.	Future effective date of filing (optional):			
_	nature of a	manager, member	or authorized	
•		_ ,		Secretary of State use only
Sig	nature //	w River		
	oed Name: <u>T</u>			
Sig	nature			1DAHO SECRETARY OF STATE 01/03/2012 05:0
Typ	oed Name:			CK: 1787 CT: 22233 BH: 1304

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