

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

06 FEB 13 PH 3: 29

SECRETION OF

| 1. | The name of the limited liability compa | any is: | | STATE OF IDAHO | |
|---|---|---|-------------|--|--|
| | Agriprize, LLC | | | | |
| 2. | The street address of the initial registered office is: | | | | |
| | 500 N. 1002 W., Paul, ID 83347 | | | | |
| á | and the name of the initial registered agent at the above address is: | | | | |
| | Gregory Rambo | | | | |
| 3. | The mailing address for future correspondence is: | | | | |
| | 500 N 1002 W., Paul, ID 83347 | | | | |
| 4. | Management of the limited liability company will be vested in: | | | | |
| | Manager(s) or Member(s) (please check the appropriate box) | | | | |
| | If management is to be vested in one or more manager(s), list the name(s) and address(es) of at least one initial manager. If management is to be vested in the member(s), list the name(s) and address(es) of at least one initial member. | | | | |
| | Name Address | | | | |
| | Gregory Rambo | 500 N. 1002 W., Paul, ID 83347 | | | |
| | Ologol) Italia | | | | |
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| | | | | | |
| Signature of at least one person responsible for forming the limited liability company: | | | | | |
| 9 | Signature: | | Secretary o | f State use only | |
| | Typed Name: J. Justin May | nization. | | | |
| . (| Capacity: Organizer | rsoforgar | | | |
| 9 | Signature | copytomns I.I. C. forms larts of organization, p65 Revised 07/2002 | _02 | | |
| | Typed Name: | omrs/LL Cforms/Revised 07/2002 | ,i_# 1 | 26658 CT: 172999 95 = 00 | |
| | Capacity: | | 1 € S | 9.00 = 100.00 ORGAN LLC # 9.00 = 20.00 EXPEDITE C # | |

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