

(Name)

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

11 JAN 24 AM 9:07

	(		CCC-		
1.	The name of the limited liability	y company is:	SECRE ARY OF STATE STATE OF IDAHO		
		Redi Gro Ag Solutions, LLC	,5,410		
2.	The complete street and mailing addresses of the initial designated/principal office: 895 Fillmore				
	(Street Address) American Falls, Idaho 83211 (Mailing Address, if different than street address)	200			
3.	The name and complete street address of the registered agent:				
	Jeff Wynn	895 Fillmore, American F	alls, ID 83211		
	(Name)	(Street Address)			

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

<u>Name</u> Jeff Wynn			Address	
			895 Fillmore, American Falls, ID 83211	
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:		<u></u>		
		:		
				- 3

5. Mailing address for future correspondence (annual report notices): 895 Fillmore, American Falls, ID 83211

6. Future effective date of filing (optional):

Signature of a manager, member or authorized

person.

Signature Typed Name Jeff Wynn

Signature

Typed Name:

Secretary of State use only

01/24/2011 05:00 CK: 1911 CT: 213988 BH: 1256637