



CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

2014 AUG 27 AM 8:27

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

FAULL FARMS, LLC

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

13240 LOCUST LANE, NAMPA, ID 83686

(Street Address)

(Mailing Address, if different than street address)

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

ROGER E FAULL

(Name)

13240 LOCUST LANE, NAMPA, ID 83686

(Street Address)

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

Name

Address

ROGER E FAULL

13240 LOCUST LANE, NAMPA, ID 83686

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

13240 LOCUST LANE, NAMPA, ID 83686

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature *R. Faull*
Typed Name: ROGER E FAULL

Signature _____
Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

08/27/2014 05:00

CK:1595 CT:300552 BH:1439112

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