



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in duplicate.

**FILED EFFECTIVE**

2017 DEC 26 AM 10:51

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:  
**KrisCo Farms LLC**

(Remember to include the words "Limited Liability Company," "Limited Company," or the abbreviations L.L.C., LLC, or LC)

2. The complete street and mailing addresses of the principal office is:  
**2641 W Echo Drive Post Falls, ID 83854**

(Street Address)

**PO Box 2290 Post Falls, ID 83877**

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

**Kyle D Kristiansen**

**2641 W Echo Drive Post Falls, ID 83854**

(Name)

(Address cannot be a post office box or postal mail box.)

4. The name and address of at least one governor of the limited liability company:

**Kyle D Kristiansen**

**2641 W Echo Drive Post Falls, ID 83854**

(Name)

(Address)

**Samantha Jo Kristiansen**

**2641 W Echo Drive Post Falls, ID 83854**

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

**PO Box 2290 Post Falls, ID 83877**

(Address)

Signature of organizer(s).

Signature: *Samantha Jo Kristiansen*

Printed Name: Samantha Jo Kristiansen

Signature: *Kyle Kristiansen*

Printed Name: Kyle Kristiansen

Secretary of State use only

IDAHO SECRETARY OF STATE

12/27/2017 05:00

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