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FILED EFFECTIVE



## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

(Instructions on back of application)

2010 MAY 24 PM 4: 24

(		
The name of the limited liability cor	SECRETARY mpany is: STATE 0	OF STATE
•	IRISE NURSERY LLC	IDAILO
	ldresses of the initial designated/prir	ncipal office:
	lwy 81 Burley, ID 83318	
(Street Address)		$\frac{1}{2} = \frac{1}{2} = \frac{1}$
(Mailing Address, if different than street address)		
The name and complete street add	ress of the registered agent:	÷
Kirk A Pickett	120 E Ln Hwy 81 Burley, ID	83318
(Name)	(Street Address)	
	•	**
The name and address of at least opening the company:	one member or manager of the limite	ed liability
Name Address		
Kirk A Pickett	120 E Ln Hwy 81 Surley, ID	83318
The second secon		
Mailing address for future correspon	ndence (annual report notices):	
Viailing address for future correspond	•	
•	ndence (annual report notices): ry 81 Burley, Idaho 83318	
54 E Hw	y 81 Burley, Idaho 83318	
•	y 81 Burley, Idaho 83318	
54 E Hw	y 81 Burley, Idaho 83318	
54 E Hw	nai):	

Kirk A Pickett

Typed Name:

Typed Name:

Signature