

## CERTIFICATE OF ORGANIZATIONED EFFECTIVE LIMITED LIABILITY COMPANY

09 APR 20 AM 8: 18

(Instructions on back of application)

SECRETARY OF STATE

1. The name of the limited lia	bility company is:	STA	ITE. OF IDAHO
	Dragonfly Fa	rms, LLC	
2. The complete street and m	ailing addresses o	of the initial designated	/principal office:
	11281 Mos	s Lane	
(Street Address)	Nampa, ID	83651	
(Mailing Address, if different than street	•		<del></del>
3. The name and complete st	reet address of the	e registered agent:	
Sharon Johnson	·	11281 Moss Lane, Nampa	ı, ID 83651
(Name)	(Street Ad	dress)	
4. The name and address of a company:	at least one memb	-	mited liability
<b>Name</b> Sharon Johnson		Address 11281 Moss Lane, Nampa, ID 83651	
Lyle Johnson		11281 Moss Lane, Nampa	i, ID 83651
:			
5. Mailing address for future of Dragonfly F	•	nnual report notices): oss Lane, Nampa, ID 8365	3 <b>1</b>
6. Future effective date of filing	ig (optional):		
Signature of organizer(s). (An organizer or member or me	<del>-</del>		
Signature Sheron	hison	Secretary	of State use only
Typed Name: Sharon	Johnson	Spent_C	
Signature full Du		Revised 0772008  Revised 0772008  T. 8 11	(1994) SECRETARY OF STATE /20/2609 65:00 249 CT: 236386 BH: 1166787
Typed Name: Lyle .	Johnson	F 1 1 1 1	19.00 m 100.00 (地)(19.01 (Tr. 8.0

W83255