



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

08 DEC 30 AM 8:26

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Benmark Farms LLC

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

401 Gooding St N., Suite 201, Twin Falls, ID 83301

(Street Address)

PO Box 1293, Twin Falls, ID 83303-1293

(Mailing Address, if different than street address)

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

Mark Wright MD

(Name)

401 Gooding St N., Suite 201, Twin Falls, ID 83301

(Street Address)

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

**Name**

**Address**

Mark Wright MD

401 Gooding St N., Suite 201, Twin Falls, ID 83301

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

PO Box 1293, Twin Falls, ID 83303-1293

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature \_\_\_\_\_

Typed Name: Mark Wright, MD

Signature \_\_\_\_\_

Typed Name: \_\_\_\_\_

Secretary of State use only

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Revised 07/2008

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12/30/2008 05:00  
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