

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 NOV 17 AM 8: 27

2. The complete street and mailing addresses of the initial designated/principal office:  2400 N Alder Dr Fruitland, ID 83619  (Sireet Address) PO Box 706 Fruitland, ID 83619  (Milling Address, If different than street address of the registered agent:  Bruce Peterson    Po Box 706 Fruitland, ID 83619   Po Box 706 Fruitland, ID 8	1.	The name of the limited liability cor	npany is: PS Ventures LLC	STATE OF IDAHO	
PO Box 706 Fruitland, ID 83619 (Mailing Address, If different than streat address)  3. The name and complete street address of the registered agent:  Bruce Peterson (Name)  2400 N Alder Dr Fruitland, ID 83619 (Street Address)  4. The name and address of at least one member or manager of the limited liability company:  Name  Address  Bruce Peterson  PO Box 706 Fruitland, ID 83619  5. Mailing address for future correspondence (annual report notices): PO Box 706 Fruitland, ID 83619  6. Future effective date of filing (optional):  Signature of a manager, member or authorized person.  Signature  Bruce Peterson  Signature  Signature  Signature  Signature  Signature  Signature  Tipano SECRETORY OF STATE  11/7/2010 85:300  Signature  Tipano SECRETORY OF STATE  11/7/2017 81: 14779 81: 14779 85:344	2.	The complete street and mailing ad		ated/principal office:	
3. The name and complete street address of the registered agent:    Bruce Peterson					
Bruce Peterson (Name) (Street Address)  4. The name and address of at least one member or manager of the limited liability company:  Name Address  Bruce Peterson PO Box 706 Fruitland, ID 83619  5. Mailing address for future correspondence (annual report notices): PO Box 706 Fruitland, ID 83619  6. Future effective date of filling (optional):  Signature of a manager, member or authorized person.  Signature Bruce Peterson  Signature Bruce Peterson  Signature Bruce Peterson  Signature  IDRHO SECRETARY OF STATE  11/77/2019 65:808  St. 14777/8117777		(Mailing Address, if different than street address)			
4. The name and address of at least one member or manager of the limited liability company:  Name Address  Bruce Peterson PO Box 706 Fruitland, ID 83619  5. Mailing address for future correspondence (annual report notices): PO Box 706 Fruitland, ID 83619  6. Future effective date of filing (optional):  Signature of a manager, member or authorized person.  Signature Bur A Bur Typed Name: Bruce Peterson  Signature  Signature  Signature  Typed Name: Bruce Peterson  Signature  TideNo SECRETARY OF STATE  11/17/2019 95:298	3.	The name and complete street address of the registered agent:			
4. The name and address of at least one member or manager of the limited liability company:  Name Address  Bruce Peterson PO Box 706 Fruitland, ID 83619  5. Mailing address for future correspondence (annual report notices): PO Box 706 Fruitland, ID 83619  6. Future effective date of filing (optional):  Signature of a manager, member or authorized person.  Signature Bruce Peterson  Signature Bruce Peterson  Signature  Signatur	Bruce Peterson 2400 N Alder Dr		2400 N Alder Dr Fruitland, ID	83619	
Name  Bruce Peterson  PO Box 706 Fruitland, ID 83619  5. Mailing address for future correspondence (annual report notices): PO Box 706 Fruitland, ID 83619  6. Future effective date of filing (optional):  Signature of a manager, member or authorized person.  Signature Bur Authorized  Typed Name:  Bruce Peterson  Signature  IDAHO SECRETARY OF STATE  1/17/2019 05:388  Ck: 3867 Ct: 11771 BH: 1247589		(Name)	(Street Address)		
Bruce Peterson  PO Box 706 Fruitland, ID 83619  5. Mailing address for future correspondence (annual report notices): PO Box 706 Fruitland, ID 83619  6. Future effective date of filing (optional):  Signature of a manager, member or authorized person.  Signature Bruce Peterson  Signature Bruce Peterson  Signature IDAHO SECRETARY OF STATE 11/17/2019 05:08	4.	company:			
5. Mailing address for future correspondence (annual report notices):  PO Box 706 Fruitland, ID 83619  6. Future effective date of filing (optional):  Signature of a manager, member or authorized person.  Signature Bruce Peterson  Signature Bruce Peterson  Signature IDANO SECRETARY OF STATE 11/17/2919 05:288		41 - 11 - 11 - 11 - 11 - 11 - 11 - 11 -			
6. Future effective date of filing (optional):  Signature of a manager, member or authorized person.  Signature Bruce Peterson  Secretary of State use only  IDAHO SECRETARY OF STATE  1/17/2010 05:00  CK: 3887 CT: 117777 BH: 1247589					
Signature of a manager, member or authorized person.  Signature Bruce Peterson  Signature Bruce Peterson  IDAHO SECRETARY OF STATE 1/17/2010 05:00  CK: 3007 CT: 117777 BH: 1247509	5.	·	ndence (annual report notice	es):	
Signature Bruce Peterson  Signature Bruce Peterson  IDAHO SECRETARY OF STATE  1/17/2010 05:00  CK: 3007 CT: 117777 BH: 1247509	6.	Future effective date of filing (option	al):		
Signature Bruce Peterson  Typed Name: Bruce Peterson  Signature 11/17/2010 05:00  CK: 3007 CT: 117777 BH: 1247509	_	· · · · · · · · · · · · · · · · · · ·	authorized		
Typed Name: Bruce Peterson    IDAHO SECRETARY OF STATE	•	$\wedge$	Sec	retary of State use only	
Signature 11/17/2010 05:400					
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