



ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2004 AUG 24 AM 8:35

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:
NUTRIENT MANAGEMENT SOLUTIONS, LLC
2. The street address of the initial registered office is:
603 WOODLAND DR., TWIN FALLS, ID 83301
and the name of the initial registered agent at the above address is:
ROBERT M. OHLENSEHLEN
3. The mailing address for future correspondence is:
603 WOODLAND DR., TWIN FALLS, ID 83301
4. Management of the limited liability company will be vested in:
Manager(s) ☐ or Member(s) ☒ (please check the appropriate box)
5. If management is to be vested in one or more manager(s), list the name(s) and address(es) of at least one initial manager. If management is to be vested in the member(s), list the name(s) and address(es) of at least one initial member.

Name

Address

ROBERT M. OHLENSEHLEN

603 WOODLAND DR., TWIN FALLS, ID 83301

REAGON HATCH

PO BOX 609, CASTLEFORD, ID 83321

6. Signature of at least one person responsible for forming the limited liability company:

Signature: *Robert M. Ohlensehlen*

Typed Name: ROBERT M. OHLENSEHLEN

Capacity: REGISTERED AGENT

Signature

Reagon Hatch

Typed Name: REAGON HATCH

Capacity: MEMBER

Secretary of State use only

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IDAHO SECRETARY OF STATE
08/24/2004 05:00
CK: 489 CT: 170045 BH: 762515
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