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

## FILED EFFECTIVE

(Instructions on back of application)

2012 DEC 31 AM 11: 18

1.	The name of the limited liability compark FARMS, LLC		STATE OF IDAHO
2.	The complete street and mailing add	<del>-</del>	d office:
	(Street Address)		
	(Mailing Address, if different than street address)	·	
3. The name and complete street address of the registered agent:			
	MAX F. PARK	7998 DANIELS RD., MALAÐ, IDAH	1O-83252
	(Name)	(Street Address)	<u> </u>
The name and address of at least one member or manager of the limited liability company:			imited liability
	Name	Address	10.00050
	MAX F. PARK	7998 DANIELS RD., MALAD, IDAH	1U 83252
	NOREEN C. PARK	7998 DANIELS RD., MALAD, IDAH	IO 83252
	<u> </u>	·	
5.	Mailing address for future correspond 7998 DANIELS ROAD, MALAD, IDAHO 83	, ,	
	Future effective date of filing (options	•	
pers	nature of a manager, member or a	authorized	
Sign	nature MAX F. PARK	Secretary	of State use only
_	nature <u>Joseph L. Vanh</u> ed Name: NOREEN C. PARK	12/3	0 SECRETARY OF STATE 1/2012 05:00 CT: 169988 BH: 1353474

1 0 100.00 = 100.00 ORGAN LLC # 2 1 0 20.00 = 20.00 EXPEDITE C # 3