

Rev. 08/2015

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

W167017

2016 MAY 23 PM 2: 19

FILED EFFECTIVE

SECOLT

Title 30, Chapters 21 and 25, Idaho Code Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in duplicate

|       | Complete and Submit the application in <u>dublicate</u> .                                             |                                      | STATE OF IDAHO                                                  |
|-------|-------------------------------------------------------------------------------------------------------|--------------------------------------|-----------------------------------------------------------------|
| 1.    | The name of the limited liability company is:                                                         |                                      | O'ME OF IDAHO                                                   |
|       | Bonnefin Enterprises LLC                                                                              |                                      |                                                                 |
|       | Researche to ended he were the                                                                        | station Assay Plansy are in the tree | o, grain (v. and philippinal point) — C. TEC (c.E.C)            |
| 2.    | The complete street and mailing addresses of the principal office is:                                 |                                      |                                                                 |
|       | 451 Paradise Dr.; Moscow ID, 83                                                                       | 843                                  |                                                                 |
|       | same                                                                                                  |                                      |                                                                 |
|       | Making Address, if differenty                                                                         |                                      |                                                                 |
| 3.    | The name and complete street address of the registered agent:                                         |                                      |                                                                 |
|       | Maureen C. White Bonnefin                                                                             | 451 Paradise Dr.;                    | Moscow ID, 83843                                                |
|       | (NS0))                                                                                                | phones of the                        |                                                                 |
| 4.    | The name and address of at least one governor of the limited liability company:                       |                                      |                                                                 |
|       | Kenneth W. Bonnefin                                                                                   | 451 Paradise Dr.; Moscow ID, 83843   |                                                                 |
|       | Remett W. Bonnem                                                                                      | 45   Paradise Dr., Moscow ID, 63643  |                                                                 |
|       |                                                                                                       |                                      |                                                                 |
|       | Maureen C. White Bonnefin                                                                             | 451 Paradise Dr.; Moscow ID, 83843   |                                                                 |
|       | (Nanic)                                                                                               | Constitutive                         |                                                                 |
|       |                                                                                                       |                                      |                                                                 |
|       | शिकाकिए:<br>-                                                                                         | Par Springer                         |                                                                 |
|       |                                                                                                       |                                      |                                                                 |
|       | (Mune)                                                                                                | Section 1                            |                                                                 |
| 5.    | Mailing addrong for future parroar                                                                    | andonas (annua) ronar                | t national:                                                     |
| 5.    | Mailing address for future correspondence (annual report notices): 451 Paradise Dr.; Moscow ID, 83843 |                                      |                                                                 |
|       | Address                                                                                               | J043                                 |                                                                 |
|       | Company and                                                                                           |                                      | •                                                               |
| Sig   | nature of organizer(s).                                                                               |                                      | <u>.</u>                                                        |
| Prid  | nted Name: Maureen C. White Bon                                                                       | nefin                                | Secretary of State use only                                     |
| , ,,, | Mario,                                                                                                |                                      | IDAHO SECRETARY OF STATE                                        |
| Sia   | nature: While ( )                                                                                     |                                      | 05/23/2016 05:00                                                |
| 5     |                                                                                                       |                                      | CK:1540 CT:324752 BH:1529854<br>10 100.00 = 100.00 ORGAN LLC #2 |
| Pri   | nted Name: Kenneth W. Bonnefin                                                                        |                                      | 16 100.00 - 100.00 dagen hac fr                                 |
|       | N. A                                                                                                  |                                      |                                                                 |
| Sig   | nature: /w/w/s                                                                                        |                                      | Valle H to 17                                                   |