

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY 11 APR 28 AM 8: 47

<u> </u>	(Instructions on baci	* *	TOTAL OF STATE
	the limited liability co	mpany is:	SECRETARY OF STATE STATE OF IDAHO
Diamono	d Three C	Dairy LL	. C
2. The complete street and mailing addresses of the initial designated/principal office:			
756 E (Street Address)	1000 N S	helley, ID 8	3274
(Mailing Address, if different than street address)			
3. The name and complete street address of the registered agent:			
Brian Es	splin	756 E l∞ (Street Address)	0 N Shelley, ID 85074
4. The name and address of at least one member or manager of the limited liability company:			
. ,	<u>Name</u>		Address
Brian	Esplin	756 E 1000	S N Shelley, ID 83274
<del></del>			
<u></u>			
<del> </del>			
5. Mailing address for future correspondence (annual report notices):			
756 E 1000 N Shelley, ID 83274			
6. Future effective date of filing (optional):			
Signature of a manager, member or authorized			
person.	<b>C</b> .		Secretary of State use only
Signature Bua Spl.			
Typed Name: Brian Esplin			
Signature IDAHO SECRETORY OF STATE			
Typed Name: CK: 1686 CT: 258232 RH			CK: 1686 CT: 258232 RH: 1271253
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