

FILED EFFECTIVE



# ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

1. The name of the limited liability company is:

Lasko Alexander Farm, LLC

2. The street address of the initial registered office is:

401 Gooding Street North, Ste 201 Twin Falls, ID 83303

and the name of the initial registered agent at the above address is:

John A. Coleman

3. The mailing address for future correspondence is:

PO Box 1293 Twin Falls, ID 83303-1293

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
<u>John A. Coleman</u>	<u>PO Box 1293, Twin Falls, ID 83303</u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>

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

Signature: *John A. Coleman*  
 Typed Name: John A. Coleman  
 Capacity: Member

Signature:    
 Typed Name:    
 Capacity:  

Secretary of State use only

IDAHO SECRETARY OF STATE  
 07/08/2005 05:00  
 CK: 1600 CT: 190313 BH: 820046  
 1 @ 100.00 = 100.00 ORGAN LLC # 2  
 1 @ 20.00 = 20.00 EXPEDITE C # 3

W40938