

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2014 SEP -5 AM 10: 21

SECRETARY OF STATE STATE OF IDAHO

. The name of the limited liab	oility company is: STATE OF IDAHO
Dairy Management Strategies, I	LIC
2. The complete street and ma 1220 Virginia Circle, Nampa, ID	ailing addresses of the initial designated office: 83687
(Street Address)	
(Mailing Address, if different than street	address)
3. The name and complete stre	eet address of the registered agent:
Douglas M. Skyer, DVM	1220 Virginia Circle, Nampa, ID 83687
(Name)	(Street Address)
company: <u>Name</u>	t least one member or manager of the limited liability Address
Douglas M. Skyer, DVM	1220 Virginia Circle, Nampa, ID 83687
_	orrespondence (annual report notices): Virginia Circle, Nampa, ID 83687
Future effective date of filing	g (optional):
Gignature of a manager, men person.	nber or authorized
- 01) \	Secretary of State use only
Signature Distriction	IN
yped Name: Douglas M Skyer, t	09/05/2014 05:00
Signature	CK:2978 CT:300815 BH:144

W141879

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Typed Name: _____