



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2015 MAR 13 AM 8:34

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

SHADY LAWN LLC

2. The complete street and mailing addresses of the initial designated office:

230 AFTON AVE, ARCO, ID 83213

(Street Address)

PO BOX 432, ARCO, ID 83213

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

CARL FARMER

(Name)

230 AFTON AVE

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

Name

Address

CARL FARMER

230 AFTON AVE, ARCO, ID 83213

LANELL FARMER

230 AFTON AVE, ARCO, ID 83213

5. Mailing address for future correspondence (annual report notices):

PO BOX 432, ARCO, ID 83213

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature

Typed Name: CARL FARMER

Signature

Typed Name: LANELL FARMER

Secretary of State use only

IDAHO SECRETARY OF STATE

03/13/2015 05:00

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