

251

FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2009 NOV 20 PM 4:44

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Larson Family, LLC

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

45 W 100 N, Blackfoot, ID 83221

(Street Address)

(Mailing Address, if different than street address)

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

Steven P. Larson

45 W 100 N, Blackfoot, ID 83221

(Name)

(Street Address)

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

NameAddress

Steven P. Larson

45 W 100 N, Blackfoot, ID 83221

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

45 W 100 N, Blackfoot, ID 83221

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

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature

Typed Name:

Steven P. Larson

Signature

Typed Name:

Secretary of State use only

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Revised 07/2008IDAHO SECRETARY OF STATE
11/20/2009 05:00
CK: 336859 CT: 172899 BH: 1196349
1 @ 100.00 = 100.00 ORGAN LLC # 2

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