



CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

2009 JUL -8 PM 3:51

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

The Bees Box LLC

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

7777 Elmore Rd.

(Street Address)

Fruitland, ID 83619

(Mailing Address, if different than street address)

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

Sally Frye

(Name)

7777 Elmore Rd. Fruitland, ID 83619

(Street Address)

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

Name

Sally Frye

Address

7777 Elmore Rd. Fruitland, ID 83619

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

7777 Elmore Rd. Fruitland, ID 83619

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 Sally Frye

Typed Name: Sally Frye

Signature _____

Typed Name: _____

Secretary of State use only

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Revised 07/2008

IDAHO SECRETARY OF STATE
07/08/2009 05:00
CK: 1129 CT: 238647 BN: 1178054
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