251



## CERTIFICATE OF ORGANIZATION LED EFFECTIVE

	LIWITED LIAE	BILITY COMPANY OCT -2 AM 10: 01
700		n back of application) SECRETARY of
1. The nam	e of the limited liabil	
	cking and Moving LLC	
2. The com 524 Mas (Street Add	sachussetts Court, Namp	ng addresses of the initial designated office: a, ID 83686
Same	•	
	iress, if different than street ad	
3. The name	and complete stree	t address of the registered agent:
John L Ja	ckson	524 Massachussetts Ct Nampa ID 83686
(Name)	· · · · · · · · · · · · · · · · · · ·	(Street Address)
4. The name company:		east one member or manager of the limited liability
John L Ja	<u>Name</u>	<u>Address</u>
001111 € 02	G/3011	524 Massachussetts CT Nampa ID 83686
i. Mailing ad	dress for future corre	espondence (annual report notices):
	sachussetts Ct Na	
i. Future effe	ective date of filing (o	ptional):
gnature of a	a manager, membe	r or authorized
	///	Secretary of State use only
gnature	_//	
mad Massar	John I Jackson	
yped Name:	John L Jackson	
ignature	John L Jackson	

9/21/2012

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10/02/2012 05:90 CK: 1150745 CT: 172899 BH: 1342857 1 9 108.80 = 180.00 ORGAN LLC # 2

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