

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2012 NOV 13 AM 9: 38

SECRETARY OF STATE STATE OF IDAHO

The name of the limited liability company is:		STATE OF IDAHO
JONES COMMODITIES, LLC		
2. The complete street and m	ailing addresses of the initia	I designated office:
322 N MAIN ST PAUL, ID 83		3
(Street Address)		
PO BOX 480 PAUL, ID 83347 (Mailing Address, if different than street		
	·	
3. The name and complete st	reet address of the registere	d agent:
DEAN GIBSON	322 N MAIN ST PAU	L, ID 83347
(Name)	(Street Address)	
4. The name and address of a	at least one member or mana	ager of the limited liability
company:		
<u>Name</u> DEAN GIBSON	000 NI 144 IN OT ON	Address
DEAN GIBSON	322 N MAIN ST PAU	JL, ID 83347
	<del></del>	
	<del></del>	
5. Mailing address for future c	orrespondence (appual repo	art notices).
PO BOX 480 PAUL, ID 83347	orrespondence (annual repo	renouces).
6. Future effective date of filing	a (ontional):	
o. I didio onodive date of finite	g (optional).	
Signature of a manual and		
Signature of a manager, mer person.	nper or authorized	
pordon.		Secretary of State use only
Signature		·
	8050 N	
Signature		IDAHO SECRETARY OF STATE
Typed Name:		11/13/2012 05:00 CK: 5866 CT: 276165 BH: 1347388
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