FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2014 DEC 17 AM 8: 54

	(Instructions on back of application		SECRETATION STATE	
1.	The name of the limited liability company is:		"- OF IDAHO"-	
	Jabbour 519 South Almon Street, LLC			
2.	The complete street and mailing addresses of the initial designated office: 315 S Almon Street, Moscow ID 83843 (Street Address)			
	(Mailing Address, if different than street address)			
3.	The name and complete street address of the registered agent:			
	Cade Konen	315 S Almon Street, Moscow ID 83843		
	(Name)	(Street Address	5)	
4.	The name and address of at least one member or manager of the limited liability company:			
	Name	Address 17 con to		
	Julie Jabbora, Successor TTE of the	c/o Cade Konen, 315 S Almon, Moscow ID 83843		
	Jake L. Jabbora Living Trust			
				
5	Mailing address for future correspo	indence (anni	eal report notices):	
U.	Mailing address for future correspondence (annual report notices): 315 S Almon, Moscow ID 83843			
6.	Future effective date of filing (optional):			
	5	, <u> </u>		
_	nature of a manager, member o	r authorized		
ρο			Secretary of State use only	
	nature <u> </u>	LLQ	IDAHO SECRETARY OF STATE 12/17/2014 05:00	
	3	O	CK:4115 CT:256982 BH:14533	
Sign	nature		16 100.00 = 100.00 ORGAN LLC	
Two	ed Name:			

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