251

FILED EFFECTIVE

CERTIFICATE OF ORGANIZATION
LIMITED LIABILITY COMPANY

2009 JUN 11 PM 2:24

SECRETARY OF STATE
STATE OF IDAHO

(Instructions on back of application)

1. The name of the limited liability company is:

   Jim's Saloon LLC

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

   16 N Main
   (Street Address)

   Po Box 369 Kooskia ID 83539
   (Mailing Address, if different than street address)

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

   James M. Goodwin (Name) 16 N Main Kooskia ID. (Street Address)

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

Name	Address
James M. Goodwin	Po Box 155 Kooskia ID. 83539
Fern M. Goodwin	Po. Box 155 Kooskia ID 83539

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

   Jim's Saloon Po. Box 369, Kooskia, ID. 83539

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: JAMES M. Goodwin

Signature: Fern M. Goodwin
Typed Name: FERN M. Goodwin

Secretary of State use only

Acceptance/Filing Receipt

IDAHO SECRETARY OF STATE
06/11/2009 05:00
CK: 261127 CT: 172099 BH: 1174344
1 @ 100.00 = 100.00 ORGAN LLC # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

W84645