



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 MAY -6 AM 8:36

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

JOM Family LLC

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

1219 Idaho Street, Lewiston, Idaho 83501

(Street Address)

P. O. Drawer 835, Lewiston, Idaho 83501

(Mailing Address, if different than street address)

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

Christopher J. Moore

(Name)

1219 Idaho Street, Lewiston, Idaho 83501

(Street Address)

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

Name

Christopher J. Moore

Address

P. O. Drawer 835, Lewiston, Idaho 83501

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

P. O. Drawer 835, Lewiston, Idaho 83501

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 Christopher J. Moore

Typed Name: Christopher J. Moore

Signature _____

Typed Name: _____

Secretary of State use only

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Revised 07/2008

IDAHO SECRETARY OF STATE
05/06/2009 05:00
CK: 7798 CT: 9686 BH: 1169258
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FILED EFFECTIVE