

Typed Name:

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY 10 FEB 10 AM 10: 20

(Instructions on back of application)

(SECULE FIRST OF STATE
. The name of the limited liability compa	any is: STATE OF IDAHO
JaMag	& Associates, LLC
 The complete street address, and mail principal office: 	ling address if different, of the initial designated/
798 Treetop Bluff La	ne, Bonners Ferry, Idaho 83805
3. The name of the commercial registere address of the non-commercial registe	d agent; or the name and complete street ered agent:
National Registered Agents, Inc. 14	423 Tyrell Lane Boise, ID 83706 County of Ada
The name and address of at least one company: Name James M. Whitaker	Address 798 Treetop Bluff Lane, Bonners Ferry, Idaho 83805
Margaret S. Whitaker	798 Treetop Bluff Lane, Bonners Ferry, Idaho 83805
5. Mailing address for future corresponde	•
c/o: 798 Treetop Bluff I	Lane, Bonners Ferry, Idaho 83805
6. Future effective date of filing (optional));
Signature of an organizer(s). (An organizer is or is acting in behalf of a required, and existing, init	member
or members).	Secretary of State use only
Signature	
Typed Name: Karla Figueroa, Legalzoom.co	OMA :: 100 100