

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2013 MAR 14 PM 4: 26

T TO	(Instructions on back of application)		SECRETARY G. STATE STATE OF IDAHO	
1. The n	ame of the limited liability	company is:	STATE OF LOWING	
JLF	oster Roth LLC			
	The complete street and mailing addresses of the initial designated office: 9234 N. Pebble Cove, Garden City, Idaho 83714			
	Address)			
(Mailin	g Address, if different than street addres	s)		
3. The n	ame and complete street a	ddress of the register	ed agent:	
Mour	ntain West IRA, Inc.	10096 W. Fairview	10096 W. Fairview Ave., Ste. 160, Boise, ID 83704 (Street Address)	
(Name	e)	(Street Address)		
4. The n	ame and address of at leas	st one member or ma	nager of the limited liability	
	<u>Name</u>		Address	
Mou	ntain West IRA FBO		Ave., Ste. 160, Boise, ID 83704	
Jer ———	ry L. Foster IRA	SAME		
5. Mailin	g address for future corres	pondence (annual rep	port notices):	
1009	6 W. Fairview Ave., Ste. 160, Bo	ise, ID 83704		
6. Futur	e effective date of filing (op	tional):		
	e of a manager, member	or authorized		
person. Signature	BANN		Secretary of State use only	
	me: Brian L. Webb			
			IDAHO SECRETARY OF STATE	
Signature			03/14/2013 05:00 CK: 17344 CT: 214448 BH: 136469	
Typed Na	ıme:		1 8 100.00 = 100.00 ORGAN LLC # 2	

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