

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

	(Instructions on	back of application)	2013 MAR 12 AM 9:00	
1.	The name of the limited liability	company is:	SECHERAL STATE STATE OF 10.140	
_	C & AJ Enterprises LLC			
2.	The complete street and mailing addresses of the initial designated office:			
	562 S. Karey Ln. Idaho Falls, ID 834 (Street Address)	102		
	(Mailing Address, if different than street address)			
3.	The name and complete street address of the registered agent:			
	Alan Johnson	562 S. Karey Ln. idaho Falls, ID 83402		
	(Name)	(Street Address)	(Street Address)	
	The name and address of at least one member or manager of the limited liability company:  Name  Address			
	Alan Johnson	562 S. Karey Ln. Ida	562 S. Karey Ln. Idaho Falls, ID 53402	
5.	Mailing address for future corre 562 S. Karey Ln Idaho Falls, ID 834	• • • • • • • • • • • • • • • • • • • •	oort notices):	
6.	Future effective date of filing (o	ptional):		
_	nature of a manager, membe	r or authorized		
Pers	// / /		Secretary of State use only	
Sign	nature the plus	<u>~</u>		
Тур	ed Name: Alan Johnson			
Sigr	nature		IDAHO SECRETARY OF STATE  03/12/2013 05:00  CK: 2973 CT: 186989 BH: 1364198	
Тур	ed Name:		1 9 199.00 = 100.00 ORGAN LLC #	

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