



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

11 MAR -9 AM 8:35

SECRETARY OF STATE
STATE OF IDAHO1. The name of the limited liability company is:

Jeffery Smith & Associates, LLC

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

7949 East Toussand Drive Nampa Idaho 83687

(Street Address)

(Mailing Address, if different than street address)

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

Jeffery Smith

(Name)

7949 East Toussand Drive Nampa Idaho 83687

(Street Address)

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

Jeffery Smith

7949 East Toussand Drive Nampa Idaho 83687

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

7949 East Toussand Drive Nampa Idaho 83687

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature 
Typed Name: JEFFERY SMITHSignature _____
Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
03/09/2011 05:00
 CK: 4757 CT: 256308 BH: 1263348
 1 @ 100.00 = 100.00 ORGAN LLC # 2
 1 @ 20.00 = 20.00 EXPEDITE C # 3

W101163