

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

1. The name of the limited liability company is:	SECRETARY OF STATE STATE OF IDAHO
JNS SENTOR CTUING L	
2. The complete street and mailing addresses of the	he initial designated office:
Street Address)	
Meling Address, if different than street address)	
3. The name and complete street address of the re	egistered agent:
(Name) //SSA (Street Address	I FAIRLIAY DRIVE
4. The name and address of at least one member company:	or manager or the limited liability
Name	Address
NATALIE SNEDAKER //53	N FAIRLIAY DRIVE
·	
5. Mailing address for future correspondence (ann	ual report notices):
P.O. Bex 47 PRESTON IO	
1.0. BOX IF IRESIAN SU	0,00
6. Future effective date of filing (optional):	
Signature of a manager, member or authorized person.	I
	Secretary of State use only
Signature Suchhu	IDAHO SECRETARY OF STATE
Typed Name: Social Sylenker	03/02/2015 05:00 CK:24515 CT:249293 BH:14640
Signature Patelle Smeckber	16 100.00 = 100.00 ORGAN LLC
Typed Name: 19401.e Snedsker	

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16 100.00 = 100.00 ORGAN LLC #2