

Typed Name: _____

9/21/2012

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

2015 APR -9 PM 2:51

1. The name of the limited liability con	npany is: SECRETARY OF STATE STATE OF IDAHO
JBS Venture	· · · · · · · · · · · · · · · · · · ·
	dresses of the initial designated office:
502 5 15th St # (Street Address)	=102 Boise, FD 83702
(Mailing Address, if different than street address)	
3. The name and complete street address of the registered agent:	
Jack R Skylcs (Name)	502 S 15 th St #102 Boije ID 83762 (Street Address)
The name and address of at least or company:	ne member or manager of the limited liability
Name	Address
Jace R Skyles	5025 15m St #102 Boix, ED 83702
<u> </u>	
5. Mailing address for future correspon	ndence (annual report notices):
,	2 Boise, ID 83702
6. Future effective date of filing (option	al):
Signature of a manager, member or	authorized
person.	Secretary of State use only
Signature / // hu	IDAHO SECRETARY OF STATE
Typed Name: Jace Ske	04/09/2015 05:00 CK:3609 CT:308776 BH:1470221
,	16 100.00 = 100.00 ORGAN LLC #
Signature	W150231
Typed Name	Wivasi

cert_org_lic Rev. 07/2010