

251

**CERTIFICATE OF ORGANIZATION
LIMITED LIABILITY COMPANY**

(Instructions on back of application)

FILED EFFECTIVE

2010 DEC 21 PM 4:17

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

J's Z, LLC

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

465 North 2700 East, St. Anthony, Idaho 83445

(Street Address)

P. O. Box 12, St. Anthony, Idaho 83445

(Mailing Address, if different than street address)

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

William Forsberg

(Name)

49 Professional Plaza, Rexburg, Idaho 83440

(Street Address)

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

Name**Address**Julie B. LewlesP. O. Box 12, St. Anthony, Idaho 83445

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

P. O. Box 12, St. Anthony, Idaho 83445

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

Signature of a manager, member or authorized person.

Signature

William ForsbergTyped Name: William Forsberg, Organizer

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
12/22/2010 05:00
CK: NONE CT: 202411 BH: 1251956
1 @ 100.00 = 100.00 ORGAN LLC # 2

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