251

# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

**FILED EFFECTIVE**

2014 OCT 10 AM 9:32

SECRETARY OF STATE
STATE OF IDAHO

(Instructions on back of application)

1. The name of the limited liability company is:

   Marshall Family Enterprises LLC

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

   | 593 North 1089 East | Jackson | ID | 83350 |
   |---|---|---|---|
   | (Street Address) | | | |

   (Mailing Address, if different than street address)

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

   | John Marshall | 593 North 1089 East | Jackson, ID 83350 |
   |---|---|---|
   | (Name) | (Street Address) | |

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

   | Name | Address | | | |
   |---|---|---|---|---|
   | John Marshall | 593 North 1089 East | Jackson | ID | 83350 |
   | Alice Marshall | 593 North 1089 East | Jackson | ID | 83350 |
   | Lauren Tully | 593 N. 1089 E. | Jackson | ID | 83350 |

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

   | 593 North 1089 East | Jackson | ID | 83350 |
   |---|---|---|---|

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

Signature of a manager, member or authorized person.

Signature _Macheal Gomez_

Typed Name: Macheal Gomez

Signature _____

Typed Name: _____

Secretary of State use only

cert_org_llc Rev. 07/2010

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