	FILEDIEFEEC PRGANIZATION SEP 14 ITY COMPANY STATE OF 10 AM 8: 51 ITY COMPANY STATE OF 10 AMO We of application)
ARTICLES OF O	RGANIZATION CONFILMANT STATES (AN 8:51
(Instructions on bac	k of application)
. The name of the limited liability com	pany is: <u>JEM LLC</u>
	office is: 6000 W. Overland Road
Meridian, Idaho 83642 agent at that address is: Michae	and the name of the initial registered
	oondence: JEM LLC, 6000 W. Overland
4. Management of the limited liability con	npany will be vested in:
Manager(s) 🙀 or Member(s) 📑 . 👳	lease check the appropriate box)
at least one initial manager. If manage	or more manager(s), list the name(s) and address(es) of ement is to be vested in the members, list the name(s) and pher
A least one initial manager. If manager address(es) of at least one initial men <u>Name</u> <u>Michael James McCoy</u>	ement is to be vested in the members, list the name(s) and
at least one initial manager. If manage address(es) of at least one initial men <u>Name</u>	ement is to be vested in the members, list the name(s) and nber. <u>Address</u> <u>6000 W. Overland Road</u>
at least one initial manager. If manage address(es) of at least one initial men <u>Name</u> <u>Michael James McCoy</u> 	ement is to be vested in the members, list the name(s) and nber. <u>Address</u> <u>6000 W. Overland Road</u>
at least one initial manager. If manage address(es) of at least one initial men <u>Name</u> <u>Michael James McCoy</u> 	ement is to be vested in the members, list the name(s) and nber. <u>Address</u> <u>6000 W. Overland Road</u> <u>Meridian, Idaho 83642</u> nsible for forming the limited liability company:
at least one initial manager. If manage address(es) of at least one initial men <u>Name</u> <u>Michael James McCoy</u> <u>Signature of at least one person respon</u> Signature <u>Michael J. McCoy</u> Typed Name <u>Michael J. McCoy</u> Capacity <u>Managing Member</u>	ement is to be vested in the members, list the name(s) and nber. <u>Address</u> <u>6000 W. Overland Road</u> <u>Meridian, Idaho 83642</u> nsible for forming the limited liability company:
at least one initial manager. If manage address(es) of at least one initial men <u>Name</u> <u>Michael James McCoy</u> <u></u> Signature of at least one person respon Signature <u>Michael Z. McCoy</u> Capacity <u>Managing Member</u> Signature	ement is to be vested in the members, list the name(s) and nber. <u>Address</u> <u>6000 W. Overland Road</u> <u>Meridian, Idaho 83642</u> nsible for forming the limited liability company:
at least one initial manager. If manage address(es) of at least one initial men <u>Name</u> <u>Michael James McCoy</u> <u></u> <u></u> Signature of at least one person respon Signature <u></u> Typed Name <u></u> <u>MiCHAEL J. MCCOY</u> Capacity <u></u> Managing Member	ement is to be vested in the members, list the name(s) and nber. Address 6000 W. Overland Road Meridian, Idaho 83642 Insible for forming the limited liability company: Secretary of State use only Secretary of State use only