





STATE OF IDAHO Office of the secretary of state, Phil McGrane CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

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11/09/2023

Date

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Entity name 2. The complete street address of the principal office is: Principal Office Address CHRIS JON 621 WASH STE. 100 TWIN FALL 3. The mailing address of the principal office is: Mailing Address CHRIS JON PO BOX 10 TWIN FALL 4. Registered Agent Name and Address Registered Agent Registered Chris Jones Physical Address Address Registered Agent Name Address Registered Agent Name Address Registered Agent Name Address Registered Agent Registered Chris Jones Physical Address STE. 100 TWIN FALL Mailing Addres PO BOX 10	
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■ I affirm that the registered agent appointed has consented to serve as r	
	S, ID 83303-0106
5. Governors	egistered agent for this entity.
Name	Address
Jones Family Trust CHRIS JONES	
P.O. BOX 106	••
TWIN FALLS, ID 833	J3
Signature of Organizer:	

Tyler Jeffrey Rands

Sign Here