

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2012 AUG -2 AM 9: 12

Jo Bio LLC STATE OF IDA+C 2. The complete street and mailing addresses of the initial designated office: 724 W 600 N, Paul, ID 83347 (Street Address) PO Box 911, Paul, ID 83347 (Mailing Address, if different than street address) 3. The name and complete street address of the registered agent: Joshua T Walton (Name) 724 W 600 N, Paul, ID 83347 (Street Address) 4. The name and address of at least one member or manager of the limited liability company: Name Address Joshua T Walton 724 W 600 N, PO Box 911, Paul, ID 83347 5. Mailing address for future correspondence (annual report notices): PO Box 911, Paul, ID 83347 6. Future effective date of filling (optional): Signature of a manager, member or authorized person. Signature Joshua T Walton Signature Signature Joshua T Walton	1. The name of the limited lia	1. The name of the limited liability company is:		
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