

FILED EFFECTIVE

251



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2015 MAY 21 AM 11:44

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Heidi Jamagin LPTA L.L.C.

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

3245 Molen Street

(Street Address)

Ammon, ID 83406

(Mailing Address, if different than street address)

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

Heidi Jamagin

(Name)

3245 Molen Street Ammon ID, 83406

(Street Address)

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

Name

Address

Heidi Jamagin

3245 Molen Street Ammon, ID 83406

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

3245 Molen Street Ammon, ID 83406

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

Signature of a manager, member or authorized person.

Signature

Typed Name: Heidi Jamagin

Signature

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

05/21/2015 05:00

CK:2857624 CT:172099 BH:1476489

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