



0004922853



STATE OF IDAHO

Office of the secretary of state, Lawerence Denney

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Idaho Secretary of State
PO Box 83720
Boise, ID 83720-0080
(208) 334-2301
Filing Fee: \$100.00

For Office Use Only

-FILED-

File #: 0004922853

Date Filed: 9/22/2022 4:52:18 PM

| | | | | | | | | |
|---|------------------|-------------------|------|---------|-----------------|----------------|--|------------------|
| <p>Certificate of Organization Limited Liability Company</p> <p>Select one: Standard, Expedited or Same Day Service (see descriptions below)</p> | | | | | | | | |
| <p>1. Limited Liability Company Name</p> <p>Type of Limited Liability Company</p> <p>Entity name</p> | | | | | | | | |
| <p>Limited Liability Company</p> <p>CLAY JACKSON LIVES LLC</p> | | | | | | | | |
| <p>2. The complete street address of the principal office is:</p> <p>Principal Office Address</p> | | | | | | | | |
| <p>16 MESQUITE LN</p> <p>SALMON, ID 83467</p> | | | | | | | | |
| <p>3. The mailing address of the principal office is:</p> <p>Mailing Address</p> | | | | | | | | |
| <p>16 MESQUITE LN</p> <p>SALMON, ID 83467-5386</p> | | | | | | | | |
| <p>4. Registered Agent Name and Address</p> <p>Registered Agent</p> | | | | | | | | |
| <p>LEGALINC CORPORATE SERVICES INC.</p> <p>Commercial Registered Agent</p> <p>Physical Address</p> <p>800 W MAIN ST STE 1460</p> <p>BOISE, ID 83702</p> <p>Mailing Address</p> <p>800 W MAIN ST STE 1460</p> <p>BOISE, ID 83702</p> | | | | | | | | |
| <p><input checked="" type="checkbox"/> I affirm that the registered agent appointed has consented to serve as registered agent for this entity.</p> | | | | | | | | |
| <p>5. Governors</p> <table border="1"> <tr> <td>Name</td> <td>Address</td> </tr> <tr> <td>CLAYTON JACKSON</td> <td>16 MESQUITE LN</td> </tr> <tr> <td></td> <td>SALMON, ID 83467</td> </tr> </table> | | | Name | Address | CLAYTON JACKSON | 16 MESQUITE LN | | SALMON, ID 83467 |
| Name | Address | | | | | | | |
| CLAYTON JACKSON | 16 MESQUITE LN | | | | | | | |
| | SALMON, ID 83467 | | | | | | | |
| <p>Signature of Organizer:</p> | | | | | | | | |
| <p><i>LOVETTE DOBSON</i></p> | | <p>09/22/2022</p> | | | | | | |
| <p>Sign Here</p> | | <p>Date</p> | | | | | | |