



CERTIFICATE OF ORGANIZATION **FILED EFFECTIVE** LIMITED LIABILITY COMPANY

2013 OCT 10 AM 9:16

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Jackson Enterprises, LLC

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

179 Highway 28, Salmon ID 83467

(Street Address)

(Mailing Address, if different than street address)

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

Dean R. Jackson

(Name)

179 Highway 28, Salmon ID 83467

(Street Address)

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

NameAddressDean R. Jackson179 Highway 28, Salmon ID 83467Peggy J. Jackson179 Highway 28, Salmon ID 83467

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

Jackson Enterprises LLC, 179 Highway 28, Salmon ID 83467

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

Signature of a manager, member or authorized person.

Signature

Dean R. JacksonTyped Name: Dean R. Jackson

Signature

Peggy J. JacksonTyped Name: Peggy J. Jackson

Secretary of State use only

IDAHO SECRETARY OF STATE
10/10/2013 05:00
CK: 575300848 CT: 288449 DN: 1393554
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