

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

09 JUN 26 AM 8: 10

	(Instructions on back of application)
1.	The name of the limited liability company is: SECRETARY OF STATE STATE OF JOANS OF STATE
••	The name of the limited liability company is: STATE OF IDAHO STATE OF IDAHO
2.	The complete street and mailing addresses of the initial designated/principal office:
	102 Murphy Road, Melba, Idaho 83641 (Street Address)
	(Street Address)
	(Mailing Address, if different than street address)
3.	The name and complete street address of the registered agent:
	Andrew from the second of the these
	Cordalee Sensen /120 Swan Falls Rd Kuna, Id 836 (Street Address)
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4.	The name and address of at least one member or manager of the limited liability
	company: Name Address
	——————————————————————————————————————
	Norman Jensen 1120 Swan Falls Rd Kuna Id 836 Cordalee Jensen 1120 Swan Falls Rd Kuna, Id 83
	Cordance Jensen 1750 Swan 7413 Ra Kuna, 10 83
5	Mailing address for future correspondence (annual report notices):
U.	Cordalee Jensen 1120 Swan Fells Rd Kuna Id 83634
	Coramice Scienty 1120 Swan ins ra Auna 24 05657
6.	Future effective date of filing (optional):
_	nature of organizer(s). (An organizer is a member, or is
actir	ng in behalf of a member or members). Secretary of State use only
Sign	mature Cardalee Jensen &
_	ped Name: Cordalee Jensen
	pature <u>Cardalec Jensen</u> ped Name: <u>Cordalec Jensen</u> prature <u>January flux</u> ped Name: <u>Nerman R. Jensen</u> The ped Name: <u>Nerman R. Jensen</u> The ped Name: Nerman R. Jensen
Sig	nature / grunn flux 95 86/29/2009 65 86 CK: 638242 CT: 189442 Bis 11766
Тур	ped Name: Norman R Jensen \$ 1 9 100.90 = 100.00 ORGAN LLC