## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

2015 JAN 12 AM 9:55

(Instructions on back of application)

(mondonono on baok or applicativ	SECTION OF THE PARTY OF THE PAR
1. The name of the limited liability company is:	STATE OF IDAHO
Nathan Jackson, LLC.	
2. The complete street and mailing addresses of the	ne initial designated office:
(Street Address) 1202 West 400 South	
(Street Address)  Pingree, Idaho 8.3262  (Mailing Address, if different than street address)	
3. The name and complete street address of the re	egistered agent:
Nathan Mark Jackson 1202 W (Name) (Street Address	est 400 South Pingree, Idaho 83262
4. The name and address of at least one member company:	or manager of the limited liability
Name	Address
Nathan Mark Jackson 1202	West 400 South, Pingere, Fd. 83262
5. Mailing address for future correspondence (annual	ual report notices):
1202 west 400 South Pingree,	,
Future effective date of filing (optional):	
Signature of a manager, member or authorized	
person.	Secretary of State use only
Signature Will Safe	IDAHO SECRETARY OF STATE
Typed Name: Nathan Mark Jackson	01/12/2015 05:00 CK:2164 CT:305068 BH:1456680 10 100.00 = 100.00 ORGAN LLC
Signature	16 20.00 = 20.00 EXPEDITE C #

W146274

Typed Name: