

Rev. 11/2015

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

Title 30, Chapters 21 and 25, Idaho Code Filing fee: \$100 typed, \$120 not typed

2011 SEP 15 AM 9: 27

SECHETARY OF STATE

W189129

| Complete and submit the application in <u>duplicate</u> . | | STATE OF IDAHO |
|---|--|---|
| The name of the limited | liability company is: | |
| NJM, LLC | | |
| (Remember to include | e the words "Limited Liability Company," "Lin | nited Company," or the abbreviations L.L.C., LLC, or LC) |
| The complete street and 114 Rosebud Dr., Rupe | I mailing addresses of the princi | oal office is: |
| (Street Address) | | |
| (Mailing Address, if different) | | |
| The name of the registe | red agent and street address of | the registered agent: |
| Jarred Tracy | 114 Rosebud Dr., Rupert, ID 83350 | |
| (Name) | (Address cannot be a cost office box or postal mail box) | |
| The name and address | of at least one governor of the lin | mited liability company: |
| Jarred Tracy | 114 Rosebud Dr., Rupert, ID 83350 | |
| (Name) | (Address) | |
| | | |
| (Name) | (Address) | |
| (Name) | (Address) | |
| (Name) | (Address) | |
| (Manie) | (Address) | |
| Mailing address for futu 114 Rosebud Dr., Rupe | re correspondence (annual repo rt, ID 83350 | rt notices): |
| (Address) | | |
| nature of organizer(s). | _ | |
| nature: | | Secretary of State use only |
| nted Name: Jarred Tracy | | IDAHO SECRETARY OF STATE 09/15/2017 05:00 CK:264 CT:329524 BH:1603080 |
| nature: | | 10 100.00 = 100.00 ORGAN LLC # |
| nted Name: | | |