



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 JUN 16 PM 12:41

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

James S Pogue Sr LLC

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

523 W. Treehouse Way, Kuna, ID 83634

(Street Address)

(Mailing Address, if different than street address)

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

James Steven Pogue Sr

(Name)

523 W. Treehouse Way, Kuna, ID 83634

(Street Address)

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

Name

Address

James Steven Pogue Sr

523 W. Treehouse Way, Kuna, ID 83634

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

523 W. Treehouse Way, Kuna, ID 83634

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

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature

Typed Name:

James Steven Pogue Sr

Signature

Typed Name:

Secretary of State use only

g:\corp\forms\LLC form\cert_org_1k.PMD
Revised 07/2008

IDAHO SECRETARY OF STATE
06/16/2010 05:00
CK: CASH CT: 248946 BH: 1225986
1 @ 100.00 = 100.00 ORGAN LLC #

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