

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 OCT -1 AM 8: 40

SECRETARY OF STATE STATE OF IDAHO

. The name of the limited liability co	mpany is:	STATE OF IDAHO
	J's Bar & Grill, LLC	
. The complete street and mailing ac	dresses of the initia	al designated/principal office:
902 S. Oneida	Street, Unit B, Rupert, I	daho 83350
(Street Address)		
(Mailing Address, if different than street address)		<u>,                                      </u>
3. The name and complete street add	lress of the register	ed agent:
Joaquin Villagomez	723 19th 5	Street, Rupert, Idaho 83350
(Name)	(Street Address)	
The name and address of at least company: Name	OHE MEMBER OF MAI	Address
Joaquin Villagomez	723 19th Street, Rupert, Idaho 83350	
		<b>*</b>
	·	
<ol><li>Mailing address for future correspond</li></ol>	ondence (annual rep	ort notices):
723 19th	Street, Rupert, Idaho 8	3350
		*
6. Future effective date of filing (optio	nai):	
*		
Signature of organizer(s). (An organizer is	a mamber aris	
cting in behalf of a member or members).	a member, or is	
	<u> </u>	Secretary of State use only
Signature koce in Ollowe	me a	
yped Name: Joaquin Villagome	ez g	
spouritaino.	Riskond 8	
None advise	Normal LC formation on Jc. PMD levised 07/2008	IDAHO SECRETARY OF STATE
Signature	ms/FF	10/01/2009 05:
Typed Name:	P P P P P P P P P P P P P P P P P P P	CK: 5918 CT: 147518 BM: 118

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