



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

08 NOV 10 AM 8:18

SECRETARY OF STATE
STATE OF IDAHO

FILED EFFECTIVE

1. The name of the limited liability company is:

Jack's Falls, LLC

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

4405 E. 1400 N. Ashton, ID 83420

(Street Address)

(Mailing Address, if different than street address)

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

Jeffrey Hamilton

(Name)

4405 E. 1400 N. Ashton, ID 83420

(Street Address)

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

Name

Address

Jeffrey Hamilton

4405 E. 1400 N. Ashton, ID 83420

Deanne Hamilton

Same

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

Same as above

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:

Jeffrey Hamilton

Signature

Typed Name:

Deanne Hamilton

Secretary of State use only

g:\corporations\LLC\forms\LLC.org.llc.PMD
Revised 07/2008

IDAHO SECRETARY OF STATE
11/10/2008 05:00
CK: 522 CT: 231291 BH: 1143742
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