



# CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

08 OCT 22 AM 8:23  
SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

J. Alyson LLC

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

PO Box 1716 Hailey Id 83333

(Street Address)

(Mailing Address, if different than street address)

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

Julie Gates

(Name)

911 Forest Bend Drive Hailey, ID 83333

(Street Address)

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

**Name**

**Address**

Dianna Whitesell

20462 Main Street Carey, ID 83320

Julie Gates

911 Forest Bend Drive Hailey, ID 83333

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

J. Alyson LLC PO Box 1716 Hailey, ID 83333

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:

Julie M. Gates

Signature

Typed Name:

Dianna Whitesell

Secretary of State use only

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Revised 07/2008

IDAHO SECRETARY OF STATE  
10/22/2008 05:00  
CK: NO CK# CT: 230771 BH: 1141139  
1 @ 100.00 = 100.00 ORGAN LLC # 2  
1 @ 20.00 = 20.00 EXPEDITE C # 3

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