

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

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(Instructions on back of application)

09 SEP 22 AM 11: 23

SECRETARY OF STATE STATE OF IDAHO

1. The name of the limited liability co	ompany is: STATE OF IDAMO
	J - R.A.D LLC.
210 ASCENT C+	addresses of the initial designated/principal office: -#B MiddleHon ID 83644
(Street Address) Po Box 1081 N	MIDDLETON, ID 83644
(Mailing Address, if different than street address))
3. The name and complete street add	Idress of the registered agent:
DOUGLAS J TURNER	210 ASCENT CT. #B, MIDDLETON, ID 83644
(Name)	(Street Address)
company:	t one member or manager of the limited liability
<u>Name</u> Douglas J Turner	210 ASCENT CT #B, MIDDLETON ID. 83644
AMY J BRIDGES	210 ASCENT CT #B, MIDDLETON ID. 83644
AMT 3 BRIDGES	
ROBERT J TURNER	375 NOBLE RD, ONTARIO OR 97914
	,
 Mailing address for future correspondence 	x 1081, MIDDLETON, ID 83644
- FO BOX	(TOOT, MIDDLE TON, ID GOOTT
6. Future effective date of filing (option	ional):
Signature of organizer(s). (An organizer i	is a member, or is
acting in behalf of a member or members).	Secretary of State use only
Signature The	QW-d
Signature <u>Journal Larn</u> Typed Name: DØUGLAS J. TURI	RNER \$ W87098
Typed Name: DougLAS J. TUR	ES IDAHO SECRETARY OF STATE
Signature / July June	IDAHO SECRETARY OF STATE O
Typed Name: ROBERT J. TURN	NER 1 8 160.00 = 106.00 ORGAN LLC #