

CERTIFICATE OF ORGANIZATION

_	(Instructions on ba	ick of application)	SECRETARY OF STATE STATE OF IDAHO
1. The name	e of the limited liability c	company is:	
4J Texas	LLC		
`	plete street and mailing a ey Road, Viola, ID 83872 ress)	addresses of the initial	designated office:
(Mailing Add	dress, if different than street address	s)	
B. The name	e and complete street ad	ddress of the registered	d agent:
Aaron J.	Johnson	1049 Libey Road, Vic	ola, ID 83872
(Name)		(Street Address)	
Johnson	Name Johnson and Heather C. Revocable Living Trust bruary 25, 2015	1049 Libey Road, Vic	Address pla, ID 83872
5. Mailing a	ddress for future corresp ey Road, Viola, ID 83872	oondence (annual repo	ort notices):
1049 Lib			
	fective date of filing (opti	ional):	
5. Future ef	fective date of filing (opti		
Future ef ignature of erson.	f a manager, member		Secretary of State use only
i. Future ef ignature of erson. ignature	f a manager, member		Secretary of State use only IDAHO SECRETARY OF STATE
3. Future ef signature of erson.	f a manager, member	or authorized	Secretary of State use only
5. Future ef signature of erson.	f a manager, member Michael W. McGreaham	or authorized	Secretary of State use only IDAHO SECRETARY OF STATE 02/13/2015 05:00 CK:1094 CT:13941 BH:1461685

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