CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

08 OCT 23 AM 8: 36 SECRETARY OF STATE

	J Taylor Solutions, LLC
The complete street and mailing ad	Idresses of the initial designated/principal office:
159 E. 2	2nd N., Rigby, Idaho, 83442
(Street Address)	
(Mailing Address, if different than street address)	
The name and complete street add	ress of the registered agent:
The transfer and somplete successful	ess of the registered agent:
Jenae Taylor	159 E. 2nd N., Rigby, Idaho, 83442
(Name)	(Street Address)
	•
The name and address of at least o	ne member or manager of the limited liability
company:	The mention of manager of the limited hability
<u>Name</u>	<u>Address</u>
Tyson Taylor	159 E. 2nd North, Rigby, Idaho, 83442
Jenae Taylor	
	159 E. 2nd North, Rigby, Idaho, 83442
•	
failing address for 6 to	
Mailing address for future correspond	dence (annual report notices):
159 E. 2nd	North, Rigby, Idaho, 83442
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uture effective date of filing (optiona	ા):
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