

Signature____

Typed Name:

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

MELLEVEL

2017 MAX 31 AM 8: 50 A/C #1117

SECUL LAY OF SLAF

1.	The name of the limited liability company is: JKB Separate Property LLC			STATE OF IDAHO	
2.	The complete street and mailing addresses of the initial designated/principal office: c/o Jacquelyn K. Burns, 5225 N. Quail Summit Way, Boise, Idaho 83703 (Street Address)				
_	(Mailing Address, if different than street address)				
3.	The name and complete street address of the registered agent:				
	Jacquelyn K. Burns	5225 N. Quail	Summit Way, Boise,	Idaho 83703	
	(Name)	(Street Address)			
4.	The name and address of at least one member or manager of the limited liability company:				
	<u>Name</u>		<u>Address</u>		
	Jacquelyn K. Burns	5225 N. Quail Summit Way, Boise, Idaho 83703		, Idaho 83703	
			, A.		
		-			
5.	Mailing address for future correspondence (annual report notices): c/o Jacquelyn K. Burns, 5225 N. Quail Summit Way, Boise, Idaho 83703				
6.	Future effective date of filing (option	onal):			
•	nature of a manager, member of son.	or authorized	·		
Sig	nature naguelyn L. L ped Name: Jacquelyn K. Burns	Serry	Secretai	y of State use only	

IDAHO SECRETARY OF STATE 05/31/2012 05:00 CK: NONE CT: 1117 BH: 1326299 1 @ 188.80 = 188.80 ORGAN LLC # 2

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