

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 AUG 17 AM 8: 54

SECRETARY OF STATE
STATE OF IDAHO

 The name of the limited liability compa 	any is: STATE OF IDAHO
JAJ E	Enterprises, LLC
2. The complete street and mailing address	sses of the initial designated/principal office:
398 S. 9th St., \$	Ste 260 Boise, ID 83702
(Street Address)	
(Mailing Address, if different than street address)	
. The name and complete street address	s of the registered agent:
John Mackey	398 S. 9th St., Ste 280 Boise, ID 83702
(Name) (S	Street Address)
. The name and address of at least one company:	member or manager of the limited liability
Name	Address
John Mackey	398 S. 9th St., Ste 260 Boise, ID 83702
Annette Mackey	398 S. 9th St., Ste 260 Boise, ID 83702
Jessica Mackey	398 S. 9th St., Ste 260 Boise, ID 83702
5. Mailing address for future corresponder 398 S. 9th St.,	ence (annual report notices): Ste 260 Boise, ID 83702
5. Future effective date of filing (optional):	•
signature of organizer(s). (An organizer is a me cting in behalf of a member/or members).	
signature ////////////////////////////////////	Secretary of State use only
yped Name: John Mackey	IDAHO SECRETARY OF STATE OB/17/2009 05: CK: 2818 CT: 129984 BH: 118 I B 188 08: 186 07: 189 08: 186
Signature	IDAHO SECRETARY OF STATE G8/17/2009 05:
yped Name:	CK: 2818 CT: 129984 BH: 118