



CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in duplicate.

2015 NOV 16 AM 9:58

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Robert Jacobs II LLC

(Remember to include the words "Limited Liability Company," "Limited Company," or the abbreviations L.L.C., LLC, or LC)

2. The complete street and mailing addresses of the principal office is:

329 N. Henry Street, Post Falls, ID 83854

(Street Address)

2636 N. Revette Street, Post Falls, ID 83854

(Mailing Address, if different)

3. The name and complete street address of the registered agent:

Robert Scott Jacobs II

329 N. Henry Street, Post Falls, ID 83854

(Name)

(Address)

4. The name and address of at least one governor of the limited liability company:

Robert Scott Jacobs II

329 N. Henry Street, Post Falls, ID 83854

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

5. Mailing address for future correspondence (annual report notices):

2636 N. Revette Street, Post Falls, ID 83854

(Address)

Signature of organizer(s).

Printed Name: Robert Scott Jacobs II

Signature:

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

11/16/2015 05:00

CK:1238 CT:316799 BH:1500429

1@ 100.00 = 100.00 ORGAN LLC #2

1@ 20.00 = 20.00 EXPEDITE C #3

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