

CERTIFICATE OF ORGANIZATIONFILED EFFECTIVE LIMITED LIABILITY COMPANY 10 MAY 28 AM 10: 40

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	(I	nstructions	on back	of application	on)	SECRET	ARY OF E OF IDA	STATE	·
1. The na	ame of the	e limited liab	oility com	pany is:		JIMI	C OL 101	งกับ	
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(Mailing	Address, if diff	Terent than street	address)						
3. The na	ıme and c	omplete stre	eet addre	ess of the re	∍gistered a	agent:		Sec.	•
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 5. Mailing		for future co	•	•	•				
i. Mailing	address		•	•	•		<u> </u>		
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