



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

12 FEB 23 AM 9:13

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Gemini, LLC

2. The complete street and mailing addresses of the initial designated office:

7188 S. Shadow Moss Ave., Boise, ID 83709

(Street Address)

P. O. Box 190802, Boise, ID 83719

(Mailing Address, if different than street address)

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

Wendy Jackson

(Name)

7188 S. Shadow Moss Ave., Boise, ID 83709

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

Name

Address

Wendy Jackson

7188 S. Shadow Moss Ave., Boise, ID 83709

James Jackson

7188 S. Shadow Moss Ave., Boise, ID 83709

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

P.O. Box 190802, Boise, ID 83719

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

*Wendy Jackson*

Typed Name: Wendy Jackson

Signature

*James Jackson*

Typed Name: James Jackson

Secretary of State use only

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02/23/2012 05:00  
CK: 912264 CT: 172099 BH: 1311944  
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