

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY JUL 22 PM 1:39

VIII.	(Instructions on bac	k of application) SECRETARY OF STATE mpany is: STATE OF IDAHO
1.	The name of the limited liability co	mpany is: STATE OF IDAHO
	DOUBLE M ENTERPRISES L.L.C.	
2.	The complete street and mailing addresses of the initial designated office: 209 S. MAIN STREET, PIERCE, ID 83546 (Street Address)	
	P.O. BOX 141, PIERCE, ID 83546 (Mailing Address, if different than street address)	
3.	The name and complete street address of the registered agent: 209 5. MAIN ST.	
	MICHEAL GENE JENNINGS (Name)	(Street Address)
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4.	The name and address of at least one member or manager of the limited liability company:	
	<u>Name</u> MICHEAL GENE JENNINGS	<u>Address</u> 209 S. MAIN STREET, PIERCE, ID 83546
5.	Mailing address for future correspon	ndence (annual report notices):
	P.O. BOX 141, PIERCE, ID 83546	
6.	Future effective date of filing (option	nal):
Sig	nature of a manager, member or son.	
Sigr	nature Man deno	Secretary of State use only
Тур	ed Name: MICHEAL GENE JENNINGS	
Sigr	nature	IDAHO SECRETARY OF STATE 07/23/2013 05:00
Тур	ed Name:	CK: 31346 CT: 285597 BH: 138315

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