

**FILED EFFECTIVE**

251


**CERTIFICATE OF ORGANIZATION  
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.

2016 MAR 17 PM 3:24

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

GJ, LLC

(Please type or print the words "Limited Liability Company" and the name of the company on the back of this form.)

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

621 North College Road, Suite 100, Twin Falls, Idaho 83301

(City, State, Zip)

(If a different address is used, please specify.)

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

Gerald Martens

621 North College Road, Suite 100, Twin Falls, Idaho 83301

(Name)

(Address)

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

Gerald Martens

621 North College Road, Suite 100, Twin Falls, Idaho 83301

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

621 North College Road, Suite 100, Twin Falls, Idaho 83301

(Address)

Signature of organizer(s).

Printed Name: Gerald Martens

Signature: Gerald Martens

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Rev. 08/2015

Secretary of State use only

IDAHO SECRETARY OF STATE

03/17/2016 05:00

 CK: PREPAID CT: 39360 BH: 1519221  
 1@ 100.00 = 100.00 ORGAN LLC #2  
 1@ 20.00 = 20.00 EXPEDITE C #3

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