TILED EFFECTIVE



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

1. The name of the limited liability company is:

12 MAR 20 AM 10: 58

STATE OF IDAHO

	JLW LLC
ne complete street and mail	ling addresses of the initial designated office:
05 Del Mar Drive Twin Falls ID	83301
(Street Address)	
(Mailing Address, if different than street a	address)
he name and complete stree	et address of the registered agent:
Len Whiting	905 Del Mar Drive Twin Falls ID 83301
(Name)	(Street Address)
company:	least one member or manager of the limited liability
Name	Address
Len Whiting	905 Del Mar Drive Twin Falls ID 83301
Jeannette Whiting	905 Del Mar Drive Twin Falls ID 83301
Mailing address for future cor	rrespondence (annual report notices):
905 Del Mar Drive Twin Falls ID 8	83301
Follows off the data of file	
Future effective date of filing	(optional):
nature of a manager, meml	har ar authorized
son.	Del of authorized
11 / 1000	Secretary of State use only
nature W. J. W.	and the second second
ed Name: Len Whiting	
nature	IDAHO SECRETAR
ed Name:	23/29/291 CK: 856 CT: 26835 1 8 180.88 = 100.88
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