## FILED EFFECTIVE



## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2014 DEC 17 AM 8: 54

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

<ol> <li>The name of the limited liabi Jabbour 524 West C Street, LLC</li> </ol>	
<ol> <li>The complete street and mail</li> <li>315 S Almon Street, Moscow ID</li> </ol>	ling addresses of the initial designated office: 83843
(Street Address)	
(Mailing Address, if different than street a	address)
3. The name and complete stre	et address of the registered agent:
Cade Konen	315 S Almon Street, Moscow ID 83843
(Name)	(Street Address)
The name and address of at company:     Name	least one member or manager of the limited liability  Address
<del></del>	the c/o Cade Konen, 315 S Almon, Moscow ID 83843
Jake L. Jabbora Living Trust	
5. Mailing address for future cor 315 S Almon, Moscow ID 83843	rrespondence (annual report notices):
6. Future effective date of filing	(optional):
Signature of a manager, mem	ber or authorized
erson.	Secretary of State use only
signature <u>Same Culs</u>	IDAHO SECRETARY OF STATE
yped Name: Vames L. Westberg,	
-	CK:4115 CT:256982 BH:14533
Signature	
yped Name:	

W145454