

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

09 DEC 14 PM 1:05

(Instructions on back of application)

| | • | , | SECRETARY OF STATE | |
|---|--|---|--|--|
| 1. | The name of the limited liability comp | pany is: | STATE OF IDAHO | |
| | MJR Enterprise, LLC | | | |
| 2. | The complete street and mailing addresses of the initial designated/principal office: | | | |
| | 104 E Fairview #316, Meridian, ID 83642 | | | |
| | (Street Address) | | | |
| | (Mailing Address, if different than street address) | | | |
| 3. | The name and complete street address of the registered agent: | | | |
| | Mandy Roberts | 104 E. Fairview #3 | 16, Meridian, ID 83642 | |
| | (Name) | (Street Address) | | |
| 4. | The name and address of at least one member or manager of the limited liability company: | | | |
| | Name | Address | | |
| | Jason Roberts | 104 E. Fairview #316, Meridian, ID 83642 | | |
| | Mandy Seid | 104 E. Faiview #316, Meridian, ID 83642 | | |
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| | | | i. | |
| | | | | |
| 5. Mailing address for future correspondence (annual report notices): | | | otices): | |
| | Same as above | | | |
| | | | | |
| 6. | Future effective date of filing (optional | l): | | |
| | | | | |
| _ | nature of organizer(s). (An organizer is a n | nember, or is | | |
| actıı | ng in behalf of a member or members). | | Secretary of State use only | |
| Signature / / / / | | #C.PMC | | |
| _ | ped Name: Mandy Seid | | TRAUM CECOETADY NE CTATE | |
| •• | | stoomformstuc formsteart_org_fic.PMD Revised 07/2008 | 12/14/2009 05:00 CK: 156 CT: 243992 BH: 119999 | |
| Signature | | D DATE & | 1 0 100.00 = 100.00 ORGAN LLC # 6 | |
| Typed Name: | | Plearne | 1,88499 | |
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