

## CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY 9:46

(Instructions on back of application BY OF STATE

1. The name of the limited liability cor	mpany is:
	JEL CAP L.L.C.
2. The complete street and mailing ad 2502 Twin View Lane, Twin Falls, ID 833	dresses of the initial designated/principal office:
(Street Address)	
(Mailing Address, if different than street address)	
3. The name and complete street add	ress of the registered agent:
Ed White	2502 Twin View Lane, Twin Falls, ID 83301-0180
(Name)	(Street Address)
4. The name and address of at least of	ne member or manager of the limited liability
company:	
<u>Name</u>	Address
Ed White	2502 Twin View Lane, Twin Falls, ID 83301-0180
·	
	3
5. Mailing address for future correspon	ndence (annual report notices):
2502 Twin View Lane, Twin Falls, ID 833	
6. Future effective date of filing (option	nal):
(opino.	
Signature of a manager, member or	authorized
person.	adinonzed
	Secretary of State use only
Signature	<u>/</u>
Typed Name: Ed White	
	IDAHO SECRETARY OF STATE
Signature	CK: NO CK # CT: 259049 BH: 1274735
Typed Name:	1 9 100.00 = 100.00 UNGAN LLC # 2 1 8 20.00 = 28.00 EXPEDITE C # 3

W103531