

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

2014 SEP 23 PM 3: 14

SECRETARY OF STATE STATE OF IDAHO

1. The name of the limited liability company is:	STATE OF IDAHU
Ja-Mah-Kee 44	-C
2. The complete street and mailing addresses of th	
1026 N. Clover Dr. Bois (Street Address)	e, ID 83703
(Mailing Address, if different than street address)	
3. The name and complete street address of the re	gistered agent:
Ruthie Creamer 1026 1 (Street Address	N. Clover Dr. Boise, ID 83703
The name and address of at least one member of company:	or manager of the limited liability
Name	Address
Ruttie Creamer 1026 N	J. Clover Dr. Bosse, ID 83703
5. Mailing address for future correspondence (annu	ual report notices):
1026 N. Clover Dr. Boise PD 9	3703
6. Future effective date of filing (optional):	
Signature of a manager, member or authorized	
person.	Secretary of State use only
Signature 1992	IDAHO SECRETARY OF STATE
Typed Name: <u>Ruthie Creamer</u>	09/24/2014 05:00 CK:CASH CT:301438 BH:1442502 10 100.00 = 100.00 ORGAN LLC #2
Signature: -	

cert\_org\_lic Rev. 07/2010

179484

Typed Name: