

CERTIFICATE OF ORGANIZATION Click here to clear form. 1 INSTED LIABILITY COMPANY 2016 MAR 11 AM 9: 13 LIMITED LIABILITY COMPANY

(Instructions on back of application)

CEORETARY OF STATE

The state of the s	(11/00/00/10/10/00/01	r back or application	STATE OF IDAH
The nar	ne of the limited liabil	ity company is:	
JET CC	INSTRUCTION AND PRO	PERTIES LLC	
The con	nplete street and mail	ing addresses of the	initial designated office:
139 CA	SA DR., IDAHO FALLS, I	83404	
Street Ac	ldress)		
(Mailing A	ddress, if different than street ac	(dress)	
. The nar	ne and complete stree	et address of the reg	jistered agent:
JIMMIE	LYNN ALLISON	139 CASA DF	R., IDAHO FALLS, ID 83404
(Name)	*	(Street Address)	
. The nar compan		east one member o	r manager of the limited liability Address
JIMMIE	LYNN ALLISON	139 ČAŠA DE	R., IDAHO FALLS, ID 83404
5. Mailino	address for future cor	respondence (annu:	al report notices):
*	SA DR., IDAHO FALLS, I	,	ar repair revease.
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S. Future o	effective date of filing	(optional):	
Signature d	of a manager, memb	per or authorized	
erson.	\wedge	1.	Secretary of State use only
	(\	11	and and a second and and
Signature Typed New	a JIMMIE LYNN ALLISO	ON .	IDAHO SECRETARY
Typed Nam	6. 2000000000000000000000000000000000000		03/11/2016
			CK:2016 CT:321625

1@ 100.00 = 100.00 ORGAN LLC #2

WILESLEED

9/21/2012

Signature

Typed Name: