

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY 2010 JAN 20 AM 9: 34

(Instructions on back of application)

SEURETARY OF STATE STATE OF IDAHO

| , | company is: |
|---|---|
| | Jackman Works LLC |
| The complete street and mailing | addresses of the initial designated/principal office: |
| | ighway 26 Blackfoot, Idaho 83221 |
| (Street Address) | Same |
| (Mailing Address, if different than street address | 5) |
| The name and complete street at | adress of the registered agent: |
| L. Scott Jackman | 1235 West Highway 26 Blackfoot, Idaho 83221 |
| (Name) | (Street Address) |
| The name and address of at least company: Name L. Scott Jackman | t one member or manager of the limited liability Address 1235 West Highway 26 Blackfoot, Idaho 83221 |
| Melody F. Jackman | 1235 West Highway 26 Blackfoot, (daho 83221 |
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| | |
| Mailing address for future correspond | Ondence (annual report notices): |
| | ighway 26 Blackfoot, Idaho 83221 |
| | |
| Future effective date of filing (option | onal); |
| | |
| gnature of organizer(s). (An organizer is | s a member, or is |
| ing in behalf of a member or members). | |
| gnature Softhackm | Secretary of State use only |
| | |
| | |
| ped Name: L. Scott Jackman | |
| ped Name: L. Scott Jackman | |
| | WOW IDANO SECRETARY OF STATE |

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