

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 AUG 30 AM 8: 27

1.	The name of the limited liability com	npany is:	SECRETARY OF STATE STATE OF IDAHO
,,	3 J's Coffee Shop, LLC	,pany io	STATE OF IDAMU
2.	The complete street and mailing addresses of the initial designated/principal office: 609 Riverfront Dr., Salmon, ID 83467		
	(Street Address) P.O. Box 1574, Salmon, II	D 83467	
	(Mailing Address, if different than street address)		
3.	The name and complete street address of the registered agent:		
	Paul Withers		Salmon, ID 83467
	(Name)	(Street Address)	
4.	The name and address of at least one member or manager of the limited liability company:		
	<u>Name</u>		<u>Address</u>
	Everette Jones	P.O. Box 1574	Salmon, ID 83467
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5.	Mailing address for future correspond	dence (annual ren	ort notices):
	P.O. Box 1574 Salmon ID 83467	,	
6.	Future effective date of filing (optional	al):	
Sia	nature of a manager, member or	authorized	•
pers	——————————————————————————————————————		
'C:	5		Secretary of State use only
wn. Tyn	ed Name: Everette Johes	ea	
, <b>,</b> , P			IDAHO SECRETARY OF STATE
Sigr	oature		08/30/2010 05:00 CK: 2632 CT: 259773 BH: 1236701
Turn	ad Name:	<del></del>	1 0 100.00 = 100.00 ORGAN LLC # 2

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