

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY (Instructions on back of application)

FILED EFFECTIVE

3 to 1	(Instructions on t	pack of application)	2: 52
1. The na	me of the limited liability	company is:	SECRETARY OF STATE STATE OF IDAHO
		JAC Tool Services, LLC	: "F IDAHO"
	mplete street and mailing x 21 501 Pierce Av. Pierce, lo	-	tial designated office:
(Street A		2810 00040	
(Mailing	Address, if different than street addre	ess)	
3. The na	he name and complete street address of the registered agent:		
	Alvard	501 Pi	erce Av. Pierce, Idaho 83546
(Name)		(Street Address)	
4. The na compa	ny:	ast one member or ma	anager of the limited liability
l-a D	Name	DO D 04 F04 D	Address
Joe D.	Alvard	PO Box 21 501 PI	erce Av. Pierce, Idaho 83546
			(x,y) = (x,y) + (y,y) = (x,y)
,			
•			
			
5. Mailing	address for future corre	spondence (annual re	eport notices):
_	x 21 501 Pierce Av. Pierce, Ic	•	,
6. Future	effective date of filing (o)	ptional):	
Signature	of a manager, membe	r or authorized	
person.			Complete of Chale and only
3:	1. 11. 11		Secretary of State use only
	ne: Joe D. Alvard		
урес мап	De: Joe D. Alvaid		TRAUM COMPETAGY BE CTATE
Signatura			IDAHO SECRETARY OF STATE 04/17/2012 05:00 CK: 4863 CT: 159266 BH: 1328199
Signature			1 0 100.00 = 100.00 ORGAN LLC N 2 1 0 20.00 = 20.00 EXPEDITE C N
. Jpou Hull			W113046
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