251

FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION

| | LIMITED LIABI | LITY COMPANY | 200 HAR 22 PA 4: UU | |
|---|---|----------------------------|---|--|
| | (instructions on t | pack of application) | SECRETARY OF LEAFE STATE OF 18AHO | |
| 1. The | name of the limited liability | company is: | | |
| SJI | HLLC | | | |
| | The complete street and mailing addresses of the initial designated office: 108 West 1st South, Rexburg, ID 85440 | | | |
| P.C | et Address) D. Box 519, Rexburg, ID 83440 ling Address, if different than street addre | 82) | | |
| | name and complete street a | • | gent: | |
| | ed Sharp | 625 Chad Drive, Rexburg | i, Idaho 83440 | |
| (Nал | ne) | (Street Address) | (Street Address) | |
| | name and address of at least pany: | | · | |
| Jare | Name ed Sharp | _ | Address 625 Chad Drive, Rexburg, Idaho 83440 | |
| Syb | il Ferguson | P.O. Box 519, Rexburg, Id | P.O. Box 519, Rexburg, Idaho 83440 | |
| | | | • | |
| | ng address for future corres Box 519, Rexburg, Idaho 83440 | pondence (annual report no | otices): | |
| 6. Futur | e effective date of filing (opt | ional): | | |
| Signature person. | e of a manager, member | or authorized | | |
| • | 0 1 20 0 | | Secretary of State use only | |
| Signature Typed Na | ime: Jared Sharp | | | |
| | | ··· | | |
| Signature Typed Na | me' | | IDAHO SECRETARY OF STATE | |
| 7 | | | 03/22/2013 05:0 CK: NUNE CT: 22233 BH: 1366 | |

9/21/2012

COT OT IC Ray, 07/2010

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