

## CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on had		pack of application)	2014 JUN 27 AM 8: 34
	(Instructions on back of application)		SEORETARY OF STATE
1.	The name of the limited liability company is:		STATE OF IDAHO
	J.E. Powell, LLC		JIMIC UNIDAM
2.	1069 Robert Street, Blackfoot, ID 83	•	ated office:
	(Street Address) PO Box 477, Blackfoot, ID 83221 (Mailing Address, if different than street address)	ess)	
3.	The name and complete street address of the registered agent:		
	Ralph Powell	1069 Robert Street, Blackfoot,	, ID 83221
	(Name)	(Street Address)	
	The name and address of at leacompany:  Name  Relate Review	Addre	95 <u>5</u>
	Ralph Powell	PO Box 477, Blackfoot, ID 832	221
5.	Mailing address for future corres	spondence (annual report notic	es):
6	Future effective date of filing (or	otional).	
V.	Tuture effective date of filling (of	Juonai).	
	gnature of a manager, memberson.	r or authorized	
. ۳	12/1	2 O	cretary of State use only
Sig	inature N. d. Pouel	<del>\</del>	DAHO SECRETARY OF STATE
Ту	ped Name: Kalph Powell		06/27/2014 05:00
	,	CR: 20	6579 CT:3117 BH:1431(

10 100.00 = 100.00 ORGAN LLC #2

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Signature\_\_\_\_

Typed Name: \_\_\_