

## CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY 2014 AUG 14 AM 11: 52

SECRETARY OF STATE

	(instructions of	i back of application)	STATE OF IDAHO
1. The nam	ne of the limited liabil	ity company is:	Jim 2 or corner
	alon and spa lic.	• . •	
	e complete street and mailing addresses of the initial designated office: 940 E. Mill Station Dr. suite 104 Boise,Idaho 83716		
(Street Add	iress)		
(Malling Ad	dress, if different than street ad	ldress)	
. The nam	he name and complete street address of the registered agent:		
Jennifer	Henkel-Collins	4940 E. Mill Station Dr. Boise, Idaho 83716	
(Name)		(Street Address)	
I. The nam		east one member or	manager of the limited liability
	<u>Name</u>		Address
Jennifer	Henkel-Collins	4940 E. Mill sta	tion Dr. Boise, Idaho 83716
_	address for future cor Mill station dr. Boise, Idah	•	report notices):
6. Future e	ffective date of filing (	(optional):	
Signature o erson.	f a manager, memb	per or authorized	
Signature	Jemifer Henkel-Collin	ul-lalling	Secretary of State use only  IDAHO SECRETARY OF STA
			08/14/2014 05:0 CK:2138840 CT:172099 BH: 10 100.00 = 100.00 ORGAN
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