



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 OCT 18 AM 8:45

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

JENKINS ENTERPRISES, LLC

2. The complete street and mailing addresses of the initial designated/principal office:

4865 SOUTH JENKINS LANE, REXBURG, ID 83440

(Street Address)

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

JOEL JENKINS

(Name)

4865 SOUTH JENKINS LANE, REXBURG, ID 83440

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

**Name**

**Address**

JOEL JENKINS

4865 SOUTH JENKINS LANE, REXBURG, ID 83440

5. Mailing address for future correspondence (annual report notices):

4865 SOUTH JENKINS LANE, REXBURG, ID 83440

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: JOEL JENKINS

Signature

Typed Name:

Secretary of State use only

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10/18/2010 05:00  
CK: 13094 CT: 172279 BH: 1243432  
1 @ 100.00 = 100.00 ORGAN LLC # 2

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