

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

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1.	The name of the limited liability con	ACOUNT OF CTAT	
	KJP Services LLC		SECRE BY OF STATESTATE OF IDAHO
2.	The complete street and mailing addresses of the initial designated/principal office: 46624 Highway 200 Hope, Idaho 83836		
	(Street Address) PO Box 316 Hope, Idaho 83836		
	(Mailing Address, if different than street address)		
3.	he name and complete street address of the registered agent:		
	InCorp. Services Inc.	921 S. Orchard St. Ste. G Boise, Idaho	83705
	(Name)	(Street Address)	
4.	The name and address of at least one member or manager of the limited liability company: Name Address		
	Kelly Parker	PO Box 316 Hope, Idaho 83836	
	Kelly Falkel	PO BOX 310 HOPE, Idano 03030	
	Pamela Parker	PO Box 316 Hope, Idaho 83836	
5. Mailing address for future correspondence (annual report notices):			
	PO Box 316 Hope, Idaho 83836		
6.	Future effective date of filing (option	al):	·
_	nature of a manager, member or son.	authorized	
PC	yha —	Secretary of	State use only
Sig	nature ////		
Typ	ped Name: Kelly Parker		
_	nature Pamela Parkes		
Typ	ped Name: Pamela Parker	TAAL	IN CECOETABLY OF STATE
		i 1Mr	10 Secretary of State

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