



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2014 SEP 11 AM 8:53

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

JKJ HOLDINGS LLC

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

1331 MOUNTAIN VIEW DR.

(Street Address)

TWIN FALLS, ID 83301

(Mailing Address, if different than street address)

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

JOSHUA JENKINS

(Name)

1331 MOUNTAIN VIEW DR. TWIN FALLS, ID 83301

(Street Address)

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

Name

Address

KATHRYN JENKINS

1331 MOUNTAIN VIEW DR. TWIN FALLS, ID 83301

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

1331 MOUNTAIN VIEW DR. TWIN FALLS, ID 83301

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature [Signature]
Typed Name: JOSHUA JENKINS

Signature _____
Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

09/11/2014 05:00

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