



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

2012 AUG 30 AM 9:38

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

JM² LLC

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

401 Gooding St N. Suite 201 Twin Falls Idaho 83301

(Street Address)

P. O. Box 1293 Twin Falls Idaho 83301

(Mailing Address, if different than street address)

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

John Coleman CPA

(Name)

401 Gooding St N. Suite 201 Twin Falls Idaho 83301

(Street Address)

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

Name**Address**

Mark Wright

401 Gooding St N. Suite 201 Twin Falls Idaho 83301

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

P. O. Box 1293 Twin Falls Idaho 83301

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: Mark Wright

Signature

Typed Name:

Secretary of State use only

 IDAHO SECRETARY OF STATE
 08/30/2012 05:00
 CK: 5261 CT: 184945 BH: 1338089
 1 @ 100.00 = 100.00 ORGAN LLC # 2

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