

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

2014 DEC 26 AM 8: 51

(Instructions on back of application)

·		STATE OF IDAHO	
1. The name of the limited liabilit	y company is:	OWITE OF IDVIDE	
JK Bullpen, LLC			
2. The complete street and mailir 311 E 3rd Ave., Post Falls, Idaho 8 (Street Address)	•	designated office:	
(Mailing Address, if different than street add	ress)		
3. The name and complete street		d agent:	
Sharon Sorenson	311 E 3rd Ave., Post	311 E 3rd Ave., Post Falls, Idaho 83854	
(Name)	(Street Address)	(Street Address)	
Name Sharon Sorenson	311 E 3rd Ave., Post	Address 311 E 3rd Ave., Post Falls, Idaho 83854	
5. Mailing address for future correction 311 E 3rd Ave., Post Falls, Idaho 8	•	ort notices):	
5. Future effective date of filing (optional):		
signature of a manager memb erson.	er or authorized		
		Secretary of State use only	
yped Name: Therow J. De Smet		IDAHO SECRETARY OF STATE 12/26/2014 05:00 CK:13995 CT:43788 BH:14545	
ignature		100.00 = 100.00 ORGAN LLC	
yped Name:	·	WH5800	

cert_org_lic Rev. 07/2010