



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

10 DEC -1 AM 8:15

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Jake & Grace LLC

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

1598 Blue Lakes Boulevard N., Twin Falls, ID 83301

(Street Address)

(Mailing Address, if different than street address)

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

Phil J. Jones

(Name)

1598 Blue Lakes Boulevard N., 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

Phil J. Jones

1598 Blue Lakes Blvd. N., Twin Falls, ID 83301

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

1598 Blue Lakes Blvd. N., Twin Falls, ID 83301

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: Jeffrey E. Rolig, Esq.

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE
12/01/2010 05:00
CK: 8690 CT: 142512 BH: 1249027
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