



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

12 APR 30 AM 9:40

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

James Lohman LLC

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

285 S 2650 E Paul ID 83347

(Street Address)

(Mailing Address, if different than street address)

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

James Lohman

(Name)

285 S 2650 E Paul, ID 83347

(Street Address)

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

Name

James Lohman

Address

285 2650 E Paul, ID 83347

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

285 S 2650 E Paul, ID 83347

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

Signature of a manager, member or authorized person.

Signature James Lohman

Typed Name: James Lohman

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
04/30/2012 05:00
CK: 1463 CT: 269832 BH: 1321900
1 E 100.00 = 100.00 ORGAN LLC # 2
1 E 20.00 = 20.00 EXPEDITE C # 3

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