FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2012 DEC -3 PM 3: 55

1	(Instructions on back of application)		SECRETARY OF STATE OF IDAHO
1. The name	of the limited liability of	ompany is:	
Jabbour 2	26 West 6th Street, LLC		
2. The comp 315 S. Alm (Street Addre	ion Street, Moscow ID 83843	ddresses of the initial designated	d office:
(Mailing Addr	ess, if different than street address)		
	•	dress of the registered agent:	
Cade Kone	en	315 S. Almon Street, Moscow ID 83843	
(Name)	(Name) (Street Address)		
4. The name company:	and address of at least o	one member or manager of the li	imited liability
Julie L. Jab	Name Address Julie L. Jabbora, TTE of the Jake L. PO Box 93741, Las Vegas NV 89197		
Jabbora Liv		PO Box 93741, Las Vegas NV 891	97
Jabbola Liv	ring trust		
			· · · · · · · · · · · · · · · · · · ·
5. Mailing add	ress for future correspor	ndence (annual report notices):	
315 S. Almo	n St., Moscow ID 83843		•
6. Future effect	ctive date of filing (option	al)·	
,	and and or ming (option	ai <i>)</i> ,	<u> </u>
Signature of a person.	manager, member or	authorized	
	0.	Secretary of	of State use only
Signature M	ames L. Westberg, Attorney	fee!! O	
Typed Name:	arines F. Meanner Bi Virolus A	IOF LLC	
Signature			
Typed Name:		That	IO SECRETARY OF STATE
		12/0	10 SELKETHRY OF STRICE 13/2012 05:200 15 CT: 172099 RH: 1349750

9/21/2012

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