

Signature:____

Rev. 11/2016

Printed Name:

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Ideho Code Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in duplicate.

FILED EFFECTIVE

10 100.00 = 100.00 ORGAN LLC #2

2017 MAY 31 AM 9: 56

SECRETARY OF STATE

	and against the abbitoment it amplicate.	STATE OF IDAHO	
. The name of the lin	lited liability company is:		
Susan Jensen, LLC			
(Remember to	nclude the words "Limited Liability Company," "Limited Company	," or the abbreviations L.L.C., LLC, of LC)	
The complete stree	t and mailing addresses of the principal office is	¥:	
541 West 75 South	, Blackfoot, ID 83221		
(Street Address)			
(Mailing Address, if different)			
The name of the reg	sistered agent and street address of the register	red agent:	
Susan Jensen	541 West 75 South, Blackfoo	541 West 75 South, Blackfoot, ID 83221	
(Name)	(Address cannot be a post office box or pos	stat meil (xox)	
The name and addr	ess of at least one governor of the limited liabilit	ty company:	
Susan Jensen		541 West 75 South, Blackfoot, ID 83221	
(Name) (Address)			
(Name)	· · · · · · · · · · · · · · · · · · ·		
(Harrioy	(Address)		
(Nama)	/Address)		
	(Address)	·	
(Najfie)	(Address)		
	(MAITESS)		
Mailing address for t	uture correspondence (annual report notices):		
	Blackfoot, ID 83221		
(Address)			
mature of organizer(s).			
nature: X	(lesses)	decretary of State use only	
		IDAKO SECRETARY OF STATE	
nted Name: Susan Jen	sen	05/31/2017 05:00	
·	F727-10	507100 FT-17709 TU-15065/	