

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY SECRETARY OF STATE

	(Instructions o	n back of application)	STATE OF IDAHO"	
1. The nam	e of the limited liabi	lity company is:		
JMS Eds	son LLC			
	plete street and mail Emerald St Boise, Idaho	-	initial designated office:	
(Stree: Add	iress)			
(Meling Ad	idress, if different than street a	doress)		
3. The nam	e and complete stre	et address of the regis	stered agent:	
John So	uthworth	5530 W. Emera	ald St. Boise, Idaho 83706	
(Name)		(Street Address)		
4. The nam company		least one member or	manager of the limited liability	
(_ E _ PA	Name	PPAA 111 PP	Addrass	
John So	uthworth	5530 W. Emera	ald St. Boise, Id. 83706	
-		rrespondence (annual	report notices):	
5530 W.	Emerald St. Boise, Idah	13 83700		
6. Future e	ffective date of filing	(optional):		
Signature o	f a manager, mem	ber or authorized		
Signature	Sha Sauthur	364	Secretary of State uso only	
Typed Name	John Southworth	V	IDAHO SECRETARY OF STATE	
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