



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

11 APR 13 AM 8:54

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Janie Glover LLC

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

849 Sherman Way
(Street Address)

Nampa, ID 83686
(Mailing Address, if different than street address)

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

Janeann Glover
(Name)

849 Sherman Way Nampa, ID 83686
(Street Address)

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

Name	Address
<u>Janeann Glover</u>	<u>849 Sherman Way Nampa, ID 83686</u>
_____	_____
_____	_____
_____	_____
_____	_____

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

849 Sherman Way Nampa, ID 83686

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

Signature of a manager, member or authorized person.

Signature Janeann Glover
Typed Name: Janeann Glover

Secretary of State use only

Signature _____
Typed Name: _____

IDAHO SECRETARY OF STATE
04/13/2011 05:00
CK: 1227 CT: 257717 BH: 1268981
1 @ 100.00 = 100.00 ORGAN LLC # 2

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