

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

1. The name of the limited liability company is:

Typed Name: _____

2012 JUN 22 AM 8: 46

SECRETARY OF STATE STATE OF IDAHO

	JRTZ LLC
2. The complete street and m	ailing addresses of the initial designated office:
PO BOX 7, PRIEST RIVER,ID.	83856
(Street Address) 6151 HIGHWAY 2, PRIEST RI	VER, ID. 83856
(Mailing Address, if different than stree	
3. The name and complete st	reet address of the registered agent:
JULIE PIEPER	6151 HIGHWAY 2, PRIEST RIVER, ID. 83856
(Name)	(Street Address)
company:	at least one member or manager of the limited liability
<u>Name</u>	<u>Address</u>
JULIE PIEPER	6151 HIGHWAY 2, PRIEST RIVER, ID. 83856
5. Mailing address for future of	correspondence (annual report notices):
PO BOX 7, PRIEST RIVER, ID	. 83856
6. Future effective date of filin	g (optional):
Signature of a manager, me	mber or authorized
person.	
	Secretary of State use only
Signature / ///	epel
Typed Name: (JUVIE PIEPER	IDAHO SECRETARY OF STATE
	06/22/2012 05:00 CK: 519 CT: 271716 BH: 1329451
Signature	1 9 190.60 = 100.00 ORGAN LLC # 2

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