



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 FEB -8 AM 10:02

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

J & L Vickers LLC

2. The complete street address, and mailing address if different, of the initial designated/
principal office:

1849 N. Black Fire Ave., Star, Idaho 83669

3. The name of the commercial registered agent; or the name and complete street
address of the non-commercial registered agent:

Lisa Vickers 1849 N. Black Fire Ave., Star, Idaho 83669

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

Name	Address
Jeff Vickers	1849 N. Black Fire Ave., Star, Idaho 83669
Lisa Vickers	1849 N. Black Fire Ave., Star, Idaho 83669

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

c/o: 1849 N. Black Fire Ave., Star, Idaho 83669

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

Signature of an organizer(s). (An organizer is a member, or is acting in behalf of a required, and existing, initial member or members).

Signature [Handwritten Signature]

Typed Name: Karmelia Fredrick, Legalzoom.com, Inc.

Signature _____

Typed Name: _____

Secretary of State use only

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Revised 07/2008

IDAHO SECRETARY OF STATE
02/08/2010 05:00
CK: 413288 CT: 167623 BH: 1207119
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