



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

10 NOV -5 AM 8:20

(Instructions on back of application)

		pany is: STATE OF IDAHO
1.	The name of the limited liability com	pany is:
	JI	MMY MAC, LLC
2.	te complete street and mailing addresses of the initial designated/principal office: 00 South Leadville, 3rd Floor, Ketchum, ID 83340 Street Address) Post Office Box 479, Sun Valley, ID 83353	
	(Mailing Address, if different than street address)	
3.	he name and complete street address of the registered agent:	
	James D. McLaughlin	100 S Leadville, 3rd Floor, Ketchum, ID 83340
	(Name)	(Street Address)
The name and address of at least one member or manager of the lin company:		e member or manager of the limited liability
	Name	Address
	James D. McLaughlin	Post Office Box 479, Sun Valley, ID 83353
5.	Mailing address for future correspond	dence (annual report notices):
Post Office Box 479, Sun Valley, ID 83353		
6.	Future effective date of filing (optional	
Sign	nature of a manager, member or a	authorized
Secretary of State use only		
Sigr	nature 000 6	
Тур	ed Name: James D. McLaughlih	

IDAHO SECRETARY OF STATE
11/05/2010 05:00
CK: 7586 CT: 2204 BH: 1246845
1 8 100.00 = 100.00 ORGAN LLC # 2

cert_org_lic Rev. 07/2010

Signature_____

Typed Name: _____

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