



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

10 APR 19 AM 9:34

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

JONES FAMILY ENTERPRISES LLC

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

292 N 300 W MALAD CITY ID 83252-1042

(Street Address)

(Mailing Address, if different than street address)

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

TREVOR JONES

(Name)

292 N 300 W MALAD CITY ID 83252

(Street Address)

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

Name

Address

TREVOR JONES

292 N 300 W MALAD CITY ID 83252

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

292 N 300 W MALAD CITY ID 83252

6. Future effective date of filing (optional):

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature Trevor Jones

Typed Name: TREVOR JONES

Signature Emily Jones

Typed Name: EMILY JONES

Secretary of State use only

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Revised 07/2008

IDAHO SECRETARY OF STATE
04/19/2010 05:00
CK: 1163 CT: 247179 BH: 1218293
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