			FILED EFFECT
	CERTIFICATE C	OF ORGANIZATI	· · · · · · · · · · · · · · · · · · ·
			Y 2012 MAR 1.2 AN 10: 03
			• 2012 MAR 12 AM 10:03
	(Instructions on	back of application)	Office and the second sec
1. The name of the limited liability		tv company is:	SECRETARY OF BLATE
••		PJN, LLC	STATE (FEDALO
_			
2.	The complete street and mailing addresses of the initial designated office:		
	121 OLD POLLOCK ROAD (Street Address)	POLLOCK, IDAHO	
	PO BOX 1129	RIGGINS, ID 83549	
	(Mailing Address, if different than street add	tress)	
3.	The name and complete stree	t address of the registere	d agent:
	MORRIS CHRISTENSEN	1512 MAIN STREET RIGGINS, ID 83549	
	(Name)	(Street Address)	
	The name and address of at le company:	east one member or man	ager of the limited liability
	Name		Address
	CONNIE ZELLER	3530 ENFIELD AVE	
5.	Mailing address for future corr PO BOX 1129 RIGGINS,		ort notices):
_			
6.	Future effective date of filing (optional):	
Sigr pers	nature of a manager, memb	er or authorized	
Sigr	nature Cris all	2	Secretary of State use only
Тур	ed Name: <u>CONNIE ZELLER</u>		
Sigr	nature		IDAHO SECRETARY OF STATE 03/12/2012 05:00 CK: 1802 CT: 174370 BH: 1314680
	ed Name:		1 @ 100.00 = 100.00 ORGAN LLC # 2 1 @ 20.00 = 20.06 EXPEDITE C # 3

cert_org_lic Rev. 07/2010

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