

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2012 JAN -6 AM 9: 42

		SELECTE LARY OF SI
. The name of the limited liability company is:		STATE OF IDAH
Welde	on and Elma Jensen Fa	amily, LLC
?. The complete street and mailing 476 N 400 W, Blackfoot, ID 83221 (Street Address)	g addresses of the i	nitial designated/principal office:
<u> </u>		
(Mailing Address, if different than street addr		
. The name and complete street	address of the regis	stered agent:
Weldon Jensen	476 N 400 W, B	lackfoot, ID 83221
(Name)	(Street Address)	
Name Weldon Jensen	476 N 400 W, E	Address Blackfoot, ID 83221
i. Mailing address for future corre	spondence (annual	report notices):
476 N 400 W, Blackfoot, ID 83221		
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<ol><li>Future effective date of filing (c</li></ol>	риопан:	,
Signature of a manager, member	er or authorized	•
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		Secretary of State use only
ignature Weldon Jersen ypod Namo: Weldon Jersen		
ypca Name:		IDANO SECRETARY OF STATE 01/06/2012 05:00
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voed Name:		