



**CERTIFICATE OF ORGANIZATION
LIMITED LIABILITY COMPANY**

(Instructions on back - application)

2014 MAY -9 AM 10:36

1. The name of the limited liability company is:
Joseph G. Gams, LLC.
2. The complete street and mailing addresses of the initial designated office:
650 E. Butterfield #2B, Weiser, ID 83672
(Street Address)
P.O. Box 192, Cambridge, ID 83610
(Mailing Address, if different than street address)
3. The name and complete street address of the registered agent:
Joseph Gams
(Name) _____ 650 E. Butterfield #2B, Weiser, ID 83672
(Street Address) _____
4. The name and address of at least one member or manager of the limited liability company:

Name	Address
Joseph G. Gams	650 E. Butterfield #2B, Weiser, ID 83672
5. Mailing address for future correspondence (annual report notices):
PO Box 192, Cambridge, ID 83610
6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature _____

Typed Name: Joseph G. Gams, Managing Member

Secretary of State use only

Signature _____

Typed Name: _____

IDAHO SECRETARY OF STATE
05/09/2014 05:00

CK:1877836 CT:172099 BH:1424021
1@ 100.00 = 100.00 ORGAN LLC #2
1@ 20.00 = 20.00 EXPEDITE C #3

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