

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

## FILED EFFECTIVE

	(Instructions on back of application)		2012 JUN 22 AM 9: 11
1.	The name of the limited liability company is:  Jenni's Home N' Nature LLC		SECHE ARY OF STATE STATE OF IDAHO
2.	The complete street and mailing addresses of the initial designated office:  830 North 500 West Apt B Malad, Idaho 83252  (Street Address)  (Mailing Address, if different than street address)  The name and complete street address of the registered agent:		
3.			
	Jennifer G. Martin (Name)	830 North 500 West Apt B (Street Address)	Malad, Idaho 83252
4.	The name and address of at leas company:  Name		f the limited liability
	Jennifer G. Martin	830 North 500 West Apt B Malad ID 83252	
	Kimberly A. Martin	830 North 500 West Apt B	Malad ID 83252
5.	Mailing address for future corresp 830 North 500 West Apt B Malad, ID		ices):
6.	Future effective date of filing (opt	ional):	
_	nature of a manager, member		Canadany of Clabs upa only
_	ed Name: Jennifer G. Martin	rtin	Secretary of State use only

IDAHO SECRETARY OF STATE

96/22/2012 05:00

CK: 1192 CT: 271686 BH: 1329359

1 0 180.00 = 100.00 ORGAN LLC # 2

1 0 26.00 = 20.00 EXPEDITE C # 3

Signature Kimberly a. Martin

Typed Name: Kimberly A. Martin