

## CERTIFICATE OF ORGANIZATIONFILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application) | APR 22 AM 8: 45

1. The name of the limited liabi	lity company is: JMG 1, LLC	SECTION BY OF STATE STATE OF IDAHO	
2. The complete street and mai 9743 W Bray Creek Street, Star,	•	ne initial designated/principal office:	
(Street Address)			
(Mailing Address, if different than street a	ddress)		
3. The name and complete stre	et address of the re	egistered agent:	
Anita Jones	<u> </u>	9743 W Bray Creek Street, Star, ID 83669	
(Name)	(Street Address)		
The name and address of at company:	least one member	or manager of the limited liability	
Name		<u>Address</u>	
Anita Jones	9743 W Bray Creek Street, Star, ID 83669		
5. Mailing address for future cor	respondence (annu	ual report notices):	
9743 W Bray Creek St., Star, ID 8	3669		
6. Future effective date of filing	(optional):		
Signature of a manager, memberson.	per or authorized		
signature anita Jones		Secretary of State use only	
yped Name: Anita Jones			
	**************************************	IDAHO SECRETARY OF STATE  @4/22/2011 @5:00	
Signature		CK: 3917 CT: 258838 BH: 1278416 1 @ 180.08 = 100.80 ORGAN LLC # 3	
yped Name:			

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