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	- -	omplete and submit the	application in <u>dupli</u>	<u>cato</u> .	SECRETARY STATE OF	OF STATE	
1.	The name o	f the limited fiability c	ompany is:		UNIE UF	idaho -	
Jump Start LLC							
	(Remember to include the words "Limited Liability Company," "Limitan Company,"						
2.	The complet	(Remember to include the words "Limited Liability Company," "Limited Company," or the abbreviations L.L.C., LLC, or LC)					
<ol> <li>The complete street and mailing addresses of the principal office is:</li> <li>4301 S. Overhill Way Meridian UD \$20.40</li> </ol>							
	4301 S. Overhill Way Meridian, ID 83642						
	(Məiiing Address. If	different)					
3.	The name an	The name and complete street address of the registered agent:					
	(Name)	D 83642					
<ol> <li>The name and address of at least one governor of the limited liability company:</li> <li>Tara Dean</li> <li>A301 S. Quarter Hit</li> </ol>							
	(Name) 4301 S. Overhill Way Meridian, ID 83642						
(Address)							
(Name)							
I	(Address)						
(Name)							
(Address)							
(Namo) (Address)							
<ol> <li>Mailing address for future correspondence (annual report notices);</li> <li>4301 S. Overbill Way Mariatian JP annual report notices);</li> </ol>							
verial vay Meridian, ID 83642							
	(Address)						
Norm of							
agnat	ure of organize	er(s).					
'rinteo	Name: <u>To</u>	ra Dean		Secretary	of State use only		
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rinted	Name:		Ì	CK: 31449	72 CT:17209	9 BH:1489385	
						ORGAN LLC #2	
Janet	ure-					PEDITE C #3	
Signature:			W155262				
iv. 08/2015						-	
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