

Typed Name: ____

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

10 SEP 23 AM 8: 51

(Instructions on back of application)

SECRE BY OF STATE STATE OF IDAHO

,	OF OTA-
1. The name of the limited liabi	ility company is:
	Rockin J Custom Cut , LLC
280 Robertson, Blackfoot, Idaho	ling addresses of the initial designated/principal office:
(Street Address) 280 Robertson, Blackfoot, Idaho (Mailing Address, if different than street a	
3. The name and complete stre	et address of the registered agent:
Darwyn Jensen	280 Robertson, Blackfoot, Idaho 83221
(Name)	(Street Address)
The name and address of at company:	least one member or manager of the limited liability
Name	Address
Darwyn Jensen	280 Robertson, Blackfoot, Idaho 83221
	· · · · · · · · · · · · · · · · · · ·
5 Mailing address for future co.	rrespondence (annual report notices):
280 Robertson, Blackfoot, Idaho t	
	2011
6. Future effective date of filing	(optional):
.	(0)
Signature of a manager, mem	ber or authorized
person.	Secretary of State use only
Signature Darum Jarse	
Typed Name: Darwyn Jensen	
Typod radino.	TRAIN APPORTANT OF APARE
Signature	IDANO SECRETARY OF STATE 09/23/2010 05:0 CV: 1884 CT: 18881 PM: 1881
Tuned Name:	CK: 1008 CT: 192881 BH: 12401 1 0 100.00 = 100.00 ORGAN LLC

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