

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY ELED EFFECTIVE

(Instructions on back of application)

2011 AUG -8 AM 8: 31

1.	The name of the limited liability comp	pany is:	SECRETARY OF STATE STATE OF IDAHO	
	Jense	en's PC Repair, L	LC	
2.	The complete street and mailing addition 650 N State Street, #1, Shelley, ID 83274 (Street Address)	resses of the i	nitial designated/principal office:	
	(Mailing Address, if different than street address)			
3.	The name and complete street address of the registered agent:			
	Charles T Jensen		et, #1, Shelley, ID 83274	
	(Name)	(Street Address)		
4.	The name and address of at least one member or manager of the limited liability company:			
	Name		<u>Address</u>	
	Charles T. Jensen	650 N State Street, #1, Shelley, ID 83274		
5.	Mailing address for future correspondence (annual report notices): 650 N State Street, #1, Shelley, ID 83274			
6.	Future effective date of filing (optional	l):		
-	nature of a manager, member or a	authorized		
٠.			Secretary of State use only	
	nature Charles T. Jenson			
ıyţ	ped Name: Charles T. Jensen			
Signature			IDAHO SECRETARY OF STATE	
Typed Name:			CK: 751586 CT: 172899 BH: 1285545 1 8 188.80 = 188.80 CRGAN LLC # 2	

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