FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2015 JAN 28 PM 4= 55

REODETARY OF STATE

Q 7 95	(Instructions on ba	ack of application) STATE OF IDAHO
1. The name	of the limited liability of	company is:
Jacobs La	ind, LLC	•
2. The comp	elete street and mailing	addresses of the initial designated office:
-	600 N., Hamer, ID 83425	
(Street Addre	988) 119, Hamer, ID 83425	
	ress, if different than afreet address	8)
3. The name	and complete street ac	ddress of the registered agent:
Kirk Jacob	98	2576 E. 2600 N., Hamer, ID 83425
(Name)		(Street Address)
1		•
The name company:	and address of at least	t one member or manager of the limited liability
	Neore	Address
Kirk Jacob	S	P.O. Box 119, Hamer, ID 83425
	dress for future correspo 19, Hamer, ID 83425	ondence (annual report notices):
3. Future effe	ctive date of filing (optic	ofial):
ignature of e	nanager, member	dr authorized
ignature _) July	Secretary of State use only
	Charles A. Homer	
ge		IDAKO SECRETARY O
ignature	<u></u>	01/29/2015
med Name		CK: PREPAID CT: 12945

9/21/2012

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10 100.00 = 100.00 ORGAN LLC # 16 20.00 = 20.00 EXPEDITE C #3

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