

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 OCT 23 PM 2: 02

SECRETAR	Y OF STATE
STATE (	OF IDAHO

1.	The name of the limited liability com	pany is: STATE OF IL		
	F	Fleming One, LLC	ZAHU	
2.	The complete street and mailing addresses of the initial designated/principal office:			
	1087 W. River St. #230 Boise, ID 83702			
	(Street Address)			
	(Mailing Address, if different than street address)		<del></del>	
3.	The name and complete street address of the registered agent:			
	Mark Boyer	1087 W. River St. #230 Bolse, ID 83702		
	(Name)	(Street Address)	<del></del> <del></del> -	
4.	The name and address of at least one member or manager of the limited liability company:			
	Name	Address		
	JMB Asset Management, LLC	1087 W. River St. Boise, ID 83702		
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			<del></del>	
5.	Mailing address for future correspond	dence (annual report notices):		
•	•	River St. Boise, ID 83702		
6.	Future effective date of filing (options	al):		
Sig	nature of organizer(s). (An organizer is a	member, or is		
acti	ng in behalf of a monther or members).	Secretary of State use only		
eia	noting MKDown	dw.		
_	nature Mark Boyer			
ı yl	ped Name! Mark Boyer	IDAHO SECRETARY 19/23/2009		
Sin	nature	077200		
_		E IDAHO SECRETARY		
· 71	ped Name:	\$\frac{10}{23} \cdot 2009		

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