251			
	CERTIFICATE OF		
(Instructions on bac		ck of application)	
1. The name of the limited liability of		ompany is:	SECRETARY OF STATE STATE OF IDAHO
	· · · · · · · · · · · · · · · · · · ·	JTodd LLC	
2.	The complete street and mailing a 12729 N 11th Ave Boise Idaho 83714 (Street Address)	ddresses of the initial o	lesignated office:
	·		چری کر اندازی میکنو و منابع و منابع و منابع و منابع و منابع و منابع
2	(Mailing Address, if different than street address)		agant:
3.	The name and complete street address of the registered agent:		
	Jaime Todd 12729 N 11th Ave Boise		e Idaho 83714
	(Name)	(Street Address)	
4.	he name and address of at least one member or manager of the limited liability ompany:		
	Name		Address
	Jaime Todd	12729 N 11th Ave Bois	e, Idaho 83714
		·.	
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5.	Mailing address for future corresp	ondence (annual report	notices):
	12729 N 11th Ave Boise Idaho 83714		
6.	Future effective date of filing (optic	onai):	
	· • • • • • • • • • • • • • • • • • • •		
Sig	nature of a manager, member of	or authorized	
ι -	son.	ſ <u></u>	Secretary of State use only
Sia	nature		Secretary of State use only
	bed Name: Jaime Todd		
''			
Sia	nature		IDAHO SECRETARY OF STATE 04/05/2012 05:00
	ed Name:		CK: CASH CT: 268950 BH: 1318409 1 @ 198.00 = 100.00 DRGAN LLC # 2
			$1 \times 10 - d$
		cert_org_lic Rev. 07/2010	10/12708