CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

2016 FEB -8 AM 9: 48

(Instructions on back of application)

The name of the limited lial	bility company is: STATE OF STATE
JV Partnership Enterprises LLC	
	ailing addresses of the initial designated office:
(Street Address)	
(Mailing Address, if different than street	t address)
The name and complete str	eet address of the registered agent:
Vicky Purser	32 N. 100 W, Blackfoot, ID 83221
(Name)	(Street Address)
company: <u>Name</u> Vicky Purser	Address 32 N. 100 W, Blackfoot, ID 83221
Juan Godinez	240 N. Hwy 91, Blackfoot, ID 83221
· ·	orrespondence (annual report notices):
32 N. TUU W. Blackfoot, ID 832	
32 N. 100 W, Blackfoot, ID 832	
Future effective date of filing	
	g (optional):
Future effective date of filing gnature of a manager, mer rson.	g (optional):
Future effective date of filing gnature of a manager, mer rson.	g (optional):
Future effective date of filing gnature of a manager, mer rson.	g (optional): mber or authorized Secretary of State use only IDAHO SECRETARY OF STATE 02/08/2016 05:00 CK:5982 CT:304113 BH:15
Future effective date of filing gnature of a manager, men rson. gnature Vicky Purser	g (optional):
Future effective date of filing gnature of a manager, mer rson.	g (optional): mber or authorized Secretary of State use only IDAHO SECRETARY OF STA 02/08/2016 05:0 CK:5982 CT:304113 BH:18