

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2015 MAR 16 PM 2: 37

E. C.	(instructions on back of a	ppircauon)
1. The name	of the limited liability compan	SECHETARY OF STATE STATE OF IDAHO
JF	oster & Association	LLC
2. The comp	lete street and mailing address	ses of the initial designated office:
(Street Addre	- Mirinda Lane	
Ami	mon, 10 83404 ress, if different than street address)	
3. The name	and complete street address	of the registered agent:
(Name)	ie Foster	4202 Mirinda Lane reet Address)
, ,	(Oil	leet Addressy
4. The name company:	and address of at least one m	nember or manager of the limited liability
,	<u>Name</u>	Address
Julie	e Foster	4202 Mirinda Lane Ammon, 112 83406
		Ammon 1D 83406
 	*	
-		
5. Mailing ad	dress for future correspondence	ce (annual report notices):
4202	Mirinda Lane,	Ammon, 10 83406
		·
o. Puture em	ective date of filing (optional): _	As soon as possible
Signature of	a manager, member or auth	and and
person.	a manayer, member or auth	IONZEU
	1 . 1 .	Secretary of State use only
Signature	whe toster	IDAHO SECRETARY OF STATE
Typed Name/	Julie Foster	03/16/2015 05:00
Cianatura	•	CK:1295 CT:307714 BH:146
Signature Typed Name:		16 20.00 = 20.00 EXPEDITE
rypeu name.		1

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