FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY 09 0CT 20 AM 8: 14

(Instructions on back of application)

SECRETARY OF STATE STATE OF IDAHO

1. The name of the limited liability company is:	
Wallaby Jumps, LLC	
2. The complete street and mailing addresses of the initial designated/principal of	office:
39 Fillmore St. Twin Falls, 10 8330 (Street Address)	<u> </u>
(Mailing Address, if different than street address)	
The name and complete street address of the registered agent:	
Tina L. Davis 239 Fill more St. Twing (Street Address)	1 Faculs, 10 83301
4. The name and address of at least one member or manager of the limited liabi company:	lity
Susan Reynolds 239 Filmore St Twin Fall	s <u>, 1D</u> 83301
	· · ·
5. Mailing address for future correspondence (annual report notices):	
239 Fillmore St Twin Falls, 10 8330	
6. Future effective date of filing (optional):	
Signature of organizer(s). (An organizer is a member, or is	
acting in behalf of a member or members). Secretary of State use or	lly
Signatura Joan Kenno Jan	
Typed Name: Susan Reynolds	
Signature Susan Reynolds Signature Tina Davis Signature Tina Davis Signature Tina Davis	RETARY OF STATE
Typed Name: Tina Davis (K: 1887 CT.	41548 BH: 1191844

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