

Signature\_\_

Typed Name:

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 MAR -1 AM 9: 27

SECRETARY OF STATE

1.	The name of the limited liability compa	any is:		STATE	OF IDAH	0	
	STJ	J Ventures L	TC				_
2.	The complete street and mailing addre	sses of th	e initial de	signated/pr	incipal of	fice:	:
	234 West 1st Sou	uth #202 Re	exburg, ID 83	440			
	(Street Address)						-
	(Mailing Address, if different than street address)	:		, i		<del></del> -	<del></del>
3.	The name and complete street address	s of the re	gistered ag	gent:	e at	- 4	:
	Steve James	234 W	est 1st South	#202 Rexbu	rg, ID 8344	0	
	(Name) (	Street Address	s)				<del>-</del>
4.	The name and address of at least one company:	member (	or m <b>anage</b> i	r of the limi	ted liabili	<b>iy</b> .	
	Name		_	ddress		•	
	Steve James	234 W	est 1st South	#202 Rexbu	rg, ID 8344	0	<del>-</del>
							<i>,</i> .
		-					_
-							<del></del>
				· · · · · · · · · · · · · · · · · · ·			-
		<del></del>					<b>-</b>
		•					
5.	Mailing address for future corresponde	nce (annu	ual report n	otices):		1	
	234 West 1st Sout	•	-	<del>-</del>		•	
				· · · · · · · · · · · · · · · · · · ·			<b>-</b>
6.	Future effective date of filing (optional)	•				· · · · · · · · · · · · · · · · · · ·	
				·	:		11.
Sig	nature of organizer(s). (An organizer is a me	ember, or is					
_	ng in behalf of a member or members).			Constant	Chain use ask		
	1 P	<del>-</del> -	CIMA	Secretary of	State use only	,	
_	nature		icent org. Itc. PMD				
Тур	ped Name: Steve James	<del></del>	licent_c				

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