



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

SECRETARY OF STATE
STATE OF IDAHO

(Instructions on back of application)

1. The name of the limited liability company is:

Jacobson Investigations, LLC

2. The complete street and mailing addresses of the initial designated office:

474 E. Addeson Street, Meridian, Idaho 83646

(Street Address)

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

Barbara Jacobson

(Name)

474 E. Addeson Street, Meridian, ID 83646

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

Name

Barbara Jacobson

Address

474 E. Addeson Street, Meridian, ID 83646

5. Mailing address for future correspondence (annual report notices):

474 E. Addeson Street, Meridian, Idaho 83646

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature Barbara Jacobson
Typed Name: Barbara Jacobson

Signature _____
Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

01/23/2015 05:00

CK:2518626 CT:172099 BH:1458488
1@ 100.00 = 100.00 ORGAN LLC #2
1@ 20.00 = 20.00 EXPEDITE C #3

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