8 8

08 1	l0:41a	Tony Sambosky	5	41 396 501	2	P.1 -
						P-1 EEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEE
	CER	TIFICATE OF	ORGANIZATI	ION		
	鼬 LII	NITED LIABILI	TY COMPAN	Y		2.11
See 1		(Instructions on back	k of application)	08	SEP 25 PM	2-11
1 T	'he name o	f the limited liability con	mnamy is:	SE	CRETARY OF	STATE
••••	ne name e		H.J.J., LLC		STATE OF IDA	AHO
2. T	The complet	e street and mailing ad		I designated/pi	rincipal office:	
		3119 S Ko	komo Drive, Nampa, ID		•	
	(Street Address)					
		, if different than street address)				
J. I	ne name a	nd complete street add	ress of the registere	ed agent:		
		thew Shaddox		omo Drive, Nampa	iD 83686	
	(Name)		(Street Address)			
	he name a ompany:	nd address of at least o	one member or man	ager of the limi	ited liability	
		Name		Address	r	
-	<u> </u>	atthew Shaddox	3119 S Koko	omo Drive, Nampa	ID 83686	_
		Misti Shaddox	3119 S Koko	mo Drive, Nampa	, ID 83 686	
-					······	
5. M	lailing addr	ess for future correspon 3119 S Kol	ndence (annual repo komo Dríve, Nampa ID (•		
6. F	uture effect	ive date of filing (optior	nal):			_
Siana	iture of orga	nizer(s). (An organizer is a	R member or i-			
		member or members).			:	
Signa	iture 1	HH -		Secretary of t	State use only	
	d Name:	Matthew Shaddox			:	
- •		Nin' d' I				
Signa		Yjusti Shad	ad 1			
iypeq	d Name:	Misti Shaddox				
					IDAHO SECRETARY /25/2008 856 CT: 230052	UF SIAIE 05::00
					836 LT: $23002280.88 = 100.88$	
					list	79412
						' 'Y