251

CERTIFICATE OF ORGANIZATION
LIMITED LIABILITY COMPANY

FILED EFFECTIVE

2014 SEP -8 AM 9:33

SECRETARY OF STATE
STATE OF IDAHO

(Instructions on back of application)

1. The name of the limited liability company is:
   JACOB SCHOFIELD WELDING, LLC

2. The complete street and mailing addresses of the initial designated office:
   788 E 1200 N SHELLEY, ID 83274
   (Street Address)
   (Mailing Address, if different than street address)

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

JACOB T SCHOFIELD	788 E 1200 N SHELLEY, ID 83274
(Name)	(Street Address)

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

Name	Address
JACOB T SCHOFIELD	788 E 1200 N SHELLEY, ID 83274

5. Mailing address for future correspondence (annual report notices):
   788 E 1200 N SHELLEY, ID 83274

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

Signature of a manager, member or authorized person.

Signature Jacob T Schofield
Typed Name JACOB T SCHOFIELD

Signature _____
Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
09/08/2014 05:00
CK:8476 CT:88605 BH:1440285
1@ 100.00 = 100.00 ORGAN LLC #2
1@ 20.00 = 20.00 EXPEDITE C #3

W141864