

FILED-EFFECTIVE

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2015 FEB -3 PM 3: 34

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

JA Solutions LLC

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

616 N. 3rd Street, Suite 103, McCall, Idaho 83638

(Street Address)

P.O. Box 4210, McCall, Idaho 83638

(Mailing Address, if different than street address)

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

Gregory A. Byron

(Name)

3101 W. Main, Suite 200, Boise, Idaho 83702

(Street Address)

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

NameAddress

Anntara Smith, Manager

5500 E. Quartersawn St., Boise, Idaho 83716

Jennifer Coombs, Manager

1866 E. Logan Ave., Salt Lake City, Utah 84108

Kirk G. Smith, Manager

P.O. Box 4210, McCall, Idaho 83638

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

P.O. Box 4210, McCall, Idaho 83638

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

Signature of a manager, member or authorized person.

Signature

Typed Name: Gregory A. Byron, Organizer

Signature

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

02/03/2015 05:00

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