

FILED-EFFECTIVE



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2013 NOV 26 AM 8:38

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

JarWil,LLC.

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

5676 Bloom St. Boise ID, 83703

(Street Address)

(Mailing Address, if different than street address)

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

Jaren Jeffrey Wilcox

(Name)

5676 Bloom St. Boise, ID 83703

(Street Address)

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

Name

Jaren Jeffrey Wilcox

Address

5676 Bloom St. Boise, ID 83703

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

Same as above

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: Jaren Wilcox

Secretary of State use only

Signature

Typed Name: \_\_\_\_\_

IDaho SECRETARY OF STATE  
11/26/2013 05:00  
CK: 1532 CT: 290000 DM: 1399567  
1 e 100.00 = 100.00 ORGAN LLC N 2

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