

CERTIFICATE OF ORGANIZATIONFILED EFFECTIVE LIMITED LIABILITY COMPANYIS JAN -9 PH 1: 38

7.5	(Instructions on back of application) SECRETARY OF STATE	
1.	The name of the limited liability company is:	
	John Goodman, LLC	
2	The complete street and mailing addresses of the initial designated office:	
	3983 Highway 93 North: Gibbonsville, ID 83463	
	(Street Address) Highway 93 North; Gibbonsville, ID 83463	
	(Malling Address, if different than street address)	
3.	The name and complete street address of the registered agent:	
	John Gomman 3983 Highway 93 North; Gebonsville ID (Street Address) 83463	i
4.	The name and address of at least one member or manager of the limited liability company:	
	John Goodman 3983 Highway 93 North; Gibbonsivelle, ID8	463
5. Mailing address for future correspondence (annual report notices):		
3983 Highway 93 North; bibbonsville, ID 83463		
C. Fritzing official and of filling (anti-prol)		
ъ.	Future effective date of filing (optional):	
Signature of a manager, member or authorized person.		
·	Secretary of State use only	•
Signature X IDAHO SECRETARY OF STATE		
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Sia	1@ 100.00 = 100.00 ORGAN LLC	
_	and Name:	

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