

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

SELRETARY OF STATE

he name of the limited liability	y company is:
- -	G and K Jones, LLC
The complete street and mailing	g addresses of the initial designated/principal office:
2254 \$	S. Bellin Rd., Idaho Falls, ID 83402
(Street Address)	
(Mailing Address, if different than street address	ress)
The name and complete street	address of the registered agent:
Garrett Jones	2254 S. Bellin Rd., Idaho Falls, ID 83402
(Name)	(Sireet Address)
The name and address of at leacompany:	ast one member or manager of the limited liability
<u>Name</u>	Address
Garrett Jones	2254 S. Bellin Rd., Idaho Falls, ID 83402
Mailing address for future corre	espondence (annual report notices):
_	S. Bellin Rd., Idaho Falis, ID 83402
Future effective date of filing (o	optional):
nature of organizer(s). (An organiz	zer is a member, or is
ng in behalf of a member or members)	Secretary of State use only
nature Jouth James	E.
ped Name: Garrett Jor	nes #
ded Name. / Samon dor	200
nature	nes 100HO SECRETARY OF S 100HO SECRETARY
prature ped Name:	CX: 468954 CT: 172899 BH
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