

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 DEC -8 PM 1:19

SECRETARY OF STATE

1. The name of	of the limited liability compa	iny is:		STATE OF ID.	AHO
	JAMISON I	ENTERPRIS	SES I LLC		
The complete street and mailing addresses of the initial designated/principal office: 4831 S. FERN ST. NAMPA IDAHO 83686					
(Street Address					
(Mailing Addres	ss, if different than street address)				
3. The name a	and complete street address	s of the re	gistered agent		
	IEIDI POTTER			MPA IDAHO 83686	
(Name)	(\$	Street Address	;)		
4. The name a company:	and address of at least one	member o	or manager of	the limited liability	
	Name		Address		
	HEIDI POTTER 4831 S. FERN ST. NAMPA IDAHO 83686				
<u> </u>					
				·····	
<u></u>	· · · · · · · · · · · · · · · · · · ·				
E Moiling add	ress for future corresponder	noe (annu	al report potic	oe).	
5. Mainig add	4831 S. FERN S	•	=		:
<u></u> .					
6. Future effec	ctive date of filing (optional):	• •			
	the state of the s				
Signature of org	anizer(s). (An organizer is a me	mber or is			
•	a member or members).				
J	V. S. Du			cretary of State use only	
Signature	than Total		2		
Typed Name:	HEIDI POTTER	<u></u>	o tree		
			Pytoms/LC terms/cert_org_Rc-PMD Revised 07/2008		
Signature			nsWLC sed 07	IDAHO SECRETARY	OF STATE
Typed Name: _			Revie	CK: CASH CT: 242838	BH: 1198328