

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

11 APR -8 AM 8: 54

1.	The name of the limited liability company		SECRE BY OF STATE
	Sala A TI	111	STATE OF IDAHO

JOHS OT I hunder LLC			
2. The complete street and mailing addresses of the initial designated/principal office:			
(Street Address)	1.495 ton ID 83839		
(Mailing Address, if different than street address)			
The name and complete street address of the registered agent:			
	18 old River Rd Minsston ID Street Address) 83839		
4. The name and address of at least one member or manager of the limited liability company:			
Jon m Sherman	Address 418 Oldriver rd Kingston ID 83859 18 Old river vd Kingston ID 83839		
James T Melay 4	18 old river vd Hinsston ID 83839		
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5. Mailing address for future correspondence (annual report notices):			
418 sld River Rd His	135ton ID 83839		
6. Future effective date of filing (optional):			
Signature of a manager, member or aut person.	horized		
Signature James D. Wile /	Secretary of State use only		
Typed Name: James TMC Hay			
Signature 162 m Sharman Typed Name: Jon m Sharman	IDAHO SECRETARY OF STATE 04/08/2011 05:00 CK: 362858539 CT: 257559 BH: 1268334		
	1 0 100.00 = 100.00 ORGAN LLC N 2		

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