

CERTIFICATE OF ORGANIZATION FILE FECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

SECRETARY OF STATE STATE OF IDAHO

	SIATE OF IDAHO"
The name of the limited liability o	ompany is:
	JD Premium, LLC
. The complete street and mailing a	addresses of the initial designated/principal office:
2235 E. 25th S	treet, Suite 200, Idaho Falls, ID 83404
(Street Address)	
(Mailing Address, if different than street address)
3. The name and complete street ad	Idress of the registered agent:
Derek C. Ence	2235 E. 25th Street, Suite 200, Idaho Falls, ID 83404
(Name)	(Street Address)
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. The name and address of at least company:	one member or manager of the limited liability
Name	Address
Ball Management, LLC	2235 E. 25th Street, Suite 200, Idaho Falls, ID 83404
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5. Mailing address for future corresp	ondence (annual report notices):
2235 E. 25th St	treet, Suite 200, Idaho Falls, ID 83404
Future effective date of filing (option)	onal):
ignature of organizer(s). (An organizer i	s a member, or is
cting in behalf of a member or members).	Secretary of State use only
VII	
ignature Part 2 5	w 85712
yped Name: Derek C. Ence	
	IDAHO SECRETARY OF STATE OF ST
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