CERTIFICATE OF O	RGANIZATION	FILED EFFECTIVE
LIMITED LIABILIT	Y COMPANY	In MAY IT MA De to
		10 MAY 14 AM 8: 18
(Instructions on back of	or application)	OCOUTAON OF OTATE
1. The name of the limited liability com	pany is:	SECRETARY OF STATE STATE OF IDAHO
. т	he Garage, LLC	· · · · · · · · ·
2. The complete street and mailing add	resses of the initial desi	gnated/principal office:
	336 Main Street	
(Street Address)	in Falls, ID 83301	
(Mailing Address, if different than street address)		
3. The name and complete street addre	ss of the registered age	ent:
	COC Main Dimot	Guin Falla ID 83304
Pamela Darlene Kliegi (Name)	(Street Address)	win Falls, ID 83301
(110110)	lander wanged	
 The name and address of at least on company: 	e member or manager	of the limited liability
Name	Ad	dress
Pamela Darlene Kliegi	636 Main Street, "	Twin Falls, ID 83301
·		
		$\sim \lambda_{1}$
	<u></u>	
		:
5. Mailing address for future correspond 636 Main S	lence (annual report no Street Twin Falls, ID 83301	tices):
6. Future effective date of filing (optiona	ıl):	t a that
		ar an
Signature <u>of o</u> rganizer(s). (An organizer is a l	nember, or is	,
acting in behalf of a member or members).	(-	Considers of Clair und and
A La VI II	GW2	Secretary of State use only
Signature Transle V MLS	phometulc formetcert_org_lic.PMD Revised 07/2008	W93327
Typed Name: Pamela Darlene Klięg		
	2 toms	IDAHO SECRETARY UP SINIE 05/14/2010 05:1
Signature		CK: 2736 CT: 239438 BH: 1224
Typed Name:	Revi	T Z TANA AN
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