

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY 2015 JUN 11 AM 9: 06

T TO	(Instructions on back o	f application)	SECRETARY OF STATE STATE OF IDAHO	
1. The	The name of the limited liability company is:		OTHE OF TOATIO	
SS	K AUTO SALES LLC			
	complete street and mailing addr	esses of the initial de	signated office:	
<u>I</u> DA	eet Address) AHO FALLS, ID 83402 illing Address, if different than street address)			
,	The name and complete street address of the registered agent:			
STI (Nar		304 H STREET, IDAHO F	ALLS, ID 83402	
com	The name and address of at least one member or manager of the limited liability company: Name Address STEPHANIE BINGHAM 304 H STREET, IDAHO FALLS, ID 83402			
	ailing address for future correspondence (annual report notices): 304 H STREET, IDAHO FALLS, ID 83402			
6. Futu	re effective date of filing (optional):		
Signatui person.	re of a manager, member or a	uthorized		
•	$O(1 \cdot O \cdot 1)$		Secretary of State use only	
Signatur Typed N			IDAHO SECRETARY OF STATE 06/11/2015 05:00	
Signatur	e		K:160 CT:311243 BH:1479 100.00 = 100.00 ORGAN L	

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Typed Name: _____