

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application) 2886 NRC 20 PM I2: 41

1.	The name of the limited liability comp	eany is:	SECRETARY OF STATE STATE OF ID:HIO	
	AXLE ENTERPRISE, LLC		SIALE OF EUTIN	
2.	The street address of the initial regist	ered office is:		
	1401 Shoreline Drive, Suite 2,	Boise, Idaho	83702	
	and the name of the initial registered	agent at the ab	ove address is:	
	Corporation Service Company			
3.	The mailing address for future corresp	ondence is:		
	1807 N Lea St., Post Falls, ID	83854		
4.	Management of the limited liability cor	npany will be v	ested in:	
	Manager(s) ☐ or Member(s) ✓	(please check th	e appropriate box)	
5.	If management is to be vested in one or more manager(s), list the name(s) and address(es) or at least one initial manager. If management is to be vested in the member(s), list the name(s) and address(es) of at least one initial member.			
	Name		Address	
		1807 N LEA S		
	Name	1807 N LEA S	Address T., POST FALLS, ID 8385	4
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		1807 N LEA S		4
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		1807 N LEA S		4
		1807 N LEA S		4
6.	Signature of at least one person response	ensible for form	T., POST FALLS, ID 8385	
	Signature of at least one person responses to the Company Signature:	onsible for form	T., POST FALLS, ID 8385	any:
	Signature of at least one person response for the strong service Company Signature: Signature: Pamela Taylor	onsible for form	T., POST FALLS, ID 8385	any:
	Signature of at least one person responses to the Company Signature:	onsible for form	T., POST FALLS, ID 8385	any:
	Signature of at least one person response Company Signature: Signature: Typed Name: Pamela Taylor Capacity: Assistant Secretary	onsible for form	ing the limited liability comp	any:
•	Signature of at least one person response for the strong service Company Signature: Signature: Pamela Taylor	onsible for form	ing the limited liability comp	any:

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