

FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 NOV 16 PM 2:13

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

IDAHO MOBILE LUBE, LLC

2. The complete street address, and mailing address if different, of the initial designated/
-
- principal office:

2895 E. Shadowwolf Dr., Eagle, ID 83616-5772

3. The name of the commercial registered agent; or the name and complete street
-
- address of the non-commercial registered agent:

Corporation Service Company, 1401 Shoreline Drive, Suite 2, Boise, ID 83702

4. The name and address of at least one member or manager of the limited liability
-
- company:

NameAddress

Destry Taylor

2895 E. Shadowwolf Dr., Eagle, ID 83616-5772

5. Mailing address for future correspondence (annual report notices):

2895 E. Shadowwolf Dr., Eagle, ID 83616-5772

6. Future effective date of filing (optional): _____

Signature of an organizer(s). (An organizer is a member,
or is acting in behalf of a required, and existing, initial member
or members).

Signature Nicole DelpTyped Name: Nicole Delp, Organizer

Signature _____

Typed Name: _____

Secretary of State use only

s:\corp\forms\LLC form\form_1.org_llc.PMD
 Revised 07/2008

IDAHO SECRETARY OF STATE
 11/16/2009 05:00
 CK: NONE CT: 1157 BH: 1195538
 1 @ 100.00 = 100.00 ORGAN LLC # 2
 1 @ 20.00 = 20.00 EXPEDITE C # 3

W88309