

FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 OCT 19 PM 2:56

SECRETARY OF STATE
STATE OF IDAHO1. The name of the limited liability company is:Complete Auto LLC2. The complete street and mailing addresses of the initial designated/principal office:

3205 W State Eagle ID. 83616
 (Street Address)

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

Eric Barnes
 (Name)

5205 W State St. Eagle ID
 83616
 (Street Address)

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

Eric Barnes

3205 W State eagle Id
 83616

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

"

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

Signature of a manager, member or authorized person.

Signature Eric Barnes
 Typed Name: Eric Barnes

Signature _____
 Typed Name: _____

Secretary of State use only

10/19/2010 05:00
 CK: CASH CT: 252141 BH: 1243747
 1 @ 100.00 = 100.00 ORGAN LLC # 2

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