



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

10 OCT 19 PM 2:56

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Complete Auto LLC

2. 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)

3205 W State St Eagle ID

(Street Address)

83616

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

Name

Address

Eric Barnes

3205 W State eagle Id

83616

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

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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

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

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