

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY 27114 MAR 29 AM 8: 54

| William I | (instructions on pac | k of application) | and the second second second second |
|-----------|---|---|---|
| 1. | The name of the limited liability com | npany is: | STATE OF IDAHO |
| | CARROLL'S MOBILE WELDING | AND REPAIR, LLC | |
| 2. | The street address of the initial registered office is: | | |
| | 1778 N MORELLO AVE, MERIDI | AN, ID 83642 | |
| | and the name of the initial registered | d agent at the above ac | ddress is: |
| | WILLIAM R CARROLL | | |
| 3. | The mailing address for future correspondence is: | | |
| | SAME | | |
| 4. | Management of the limited liability company will be vested in: | | |
| | Manager(s) or Member(s) (please check the appropriate box) | | |
| | address(es) of at least one initial ma member(s), list the name(s) and add Name | inager. If management fress(es) of at least on | t is to be vested in the e initial member. Address |
| | WILLIAM R CARROLL | 1778 N MORELLO | AVE, MERIDIAN ID 83642 |
| | CORY CARROLL | | VE, BOISE ID 83704 |
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| ი : | Signature of at least one person resp | onsible for forming the | a limited liability company |
| | ignature: William R. Ca | Vall | Secretary of State use only |
| | yped Name: WILLIAM R CARROLI | ation, p65 | Secretary of State use only |
| C | apacity: MEMBER | oforganiz | |
| S | ignature my mul | ormskarts 200 2 | IDAHO SECRETARY |
| T | yped Name: CORY CARROLL | priorms/LLC forms/artsoforganization.p65 | CK: 7374 CT: 133407 1 0 100.00 = 100.00 |
| _ | apacity: MEMBER | \$ \$ | |

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