

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 OCT 22 PM 4:55

1		SECRETARY OF STATE
. The name of the limited liability com	npany is:	STATE OF IDAHO
•	ced Mobile Detail , LLC	
t. The complete street and mailing add	resses of the initial d	esignated/principal office:
-	Paso , Caldwell ID 83607	
(Street Address)	x 958, Parma, ID 83660	
(Mailing Address, if different than street address)	x 600, Pattile, ID Cocco	
. The name and complete street addr	ess of the registered	agent:
Jeanette L Powers		o , Caldwell, ID 83607
(Name)	(Street Address)	
The many and address of at tours as		on ad the limited limblit.
The name and address of at least or company:	ne member or manag	at of the littings habita
Name		Address
Jeran J Cookston	23208 El Paso, Caldwell ID 83607	
Jeanette L Powers	PO Box 95	8, Parma, ID 83660
	· · · · · · · · · · · · · · · · · · ·	
		and the same
Mailing address for future correspon	•	•
Jeanetta Power	s, PO Box 958, Parma,ID	
Future effective date of filing (option	ei):	
. actio ottoonto dato ot mail (obtoin	en,	^
gnature of organizer(s), (An organizer is a	member or le	
ing in behalf of a member or members).	1(10111D01, VI 18	
	g	Secretary of State use only
gnature		
ped Name: Jeanette L. Powers	§	INDIO SECRETARY OF STATE
	Emark 2006	10/23/2009 05:00 (X, 25347 (T, 17299 M, 11929
gnature		1 0 100.00 = 190.00 CRAFM LLC #
med Name:	6.3	