



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2014 AUG -8 AM 8:29

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

express lube LLC

2. The complete street and mailing addresses of the initial designated office:

120 south challis st. salmon idaho 83467

(Street Address)

(Mailing Address, if different than street address)

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

doris mogard

(Name)

120 south challis st. salmon, idaho, 83467

(Street Address)

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

Name

Address

michael mogard

1601 roosevelt ave. salmon, idaho, 83467

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

120 south challis st., salmon, idaho. 83467

208-756-2600

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

Signature of a manager, member or authorized person.

Signature

Michael Mogard

Typed Name: michael mogard

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

08/08/2014 05:00

CK:1215 CT:299869 BH:1436514

1@ 100.00 = 100.00 ORGAN LLC #2

1@ 20.00 = 20.00 EXPEDITE C #3

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