

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

SELH

2010 FEB 16 PM 3: 10

SECRETARY OF STATE

- H	(instructions on pack o	r application)
1.	The name of the limited liability comp	pany is:
	Watkir	ns Auto Repair, LLC
<b>2</b> . '	The complete street and mailing addre	esses of the initial designated/principal office:
	_	Ave Twin Falls, ID 83301
	(Street Address)	
	(Malling Address, if different than street address)	
3. '	The name and complete street addres	ss of the registered agent:
	Brent Watkins	2073 Maple Ave Twin Falls, ID 83301
	(Name)	(Street Address)
	The name and address of at least one company:	e member or manager of the limited liability
	Name	Address
	Brent Watkins	2073 Maple Ave Twin Falls, ID 83301
5. P	Mailing address for future corresponds	ence (annual report notices):
	2073 Maple /	Ave Twin Falls, ID 83301
3. F	Future effective date of filing (optional)	):
igna	ature of organizer(s). (An organizer is a mo	ember, or is
ting	in behalf of a member or members).	Secretary of State use only
gni	ature Re Treet Wills	_ 2
	d Name: Brent Watkins	do l
		-
igna	ature	TOES
/pe	d Name:	IDAHO SECRETARY OF STATE 02/16/2010 05:0
		CK: 387477 CT: 172099 BH: 1208