

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2008 AUG 27 PM 3: 2

SECRETARY OF STATE

1.	The name of the limited liability comp	ne name of the limited liability company is:	
	The Bes	t Sales Training LLC	STATE OF IDAHO
2.	The complete street and mailing addresses of the initial designated/principal office:		
	5383 Franklin Road, Boise, ID 83705		
	(Street Address)		
	(Mailing Address, if different than street address)	100	
3.	The name and complete street address of the registered agent:		
	Total Dealer Source, Inc.	5383 Franklin Road, Boise,	ID 83705
	(Maine)	Street Address)	
١.	The name and address of at least one member or manager of the limited liability company:		
	<u>Name</u>	Address	
	Jason M. Rockne	5383 Franklin Road, Boise, ID 83705	
	Mailing address for future corresponder	ice (annual report notices):	
		Road, Boise, ID 83705	
			·
	Future effective date of filing (optional):		
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n	ature of organizer(s). (An organizer is a mer	whom and	
ing	g in behalf of a member or members).	nder, or is	
•		Secretary of S	State use only
ın	ature former of Today	C. PMC.	-,
	ed Name: Kathleen A. Rockne, Organize	F 200	
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