## CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY 2014 FEB 11 PM 12: 48

(Instructions on back of application)

	(manachoris on back	or application)	SECRETARY OF STATE	
1. The name of the limited liability com		pany is:	STATE OF IDAHO	
Albedyll's Kustom & Auto REPAIR LC				
2. The complete street and mailing addresses of the initial designated office:				
		Mountain Home		
(Street Address)	<u> </u>		<u> </u>	
(Mailing Address, if different than street address)				
3. The name and complete street address of the registered agent:				
Robert (Name)	- Albedyll	404 Chest nut S (Street Address)	4. Mountain Home 10 83647	
4. The name and address of at least one member or manager of the limited liability company:				
$\sim$	Name	Addı	<u>1988</u>	
Robert Albedyll 404 Chestnut St. Mountain Home 1D				
83647				
			-	
	· ————————————————————————————————————			
<b></b>				
5. Mailing address for future correspondence (annual report notices):				
404 Chestnut St. Mountain Home 10 83647				
6. Future effective date of filing (optional):				
Signature of a manager, member or authorized				
person.				
	t h	S	ecretary of State use only	
Signature 1 Ser 1				
Typed Name: 🔏	obert VAlbery			
Signature Typed Name:			IDAHO SECRETARY OF STATE 92/11/2014 05:00 CK: 1699488 CT: 172899 BH: 1418165 1 8 188.88 = 188.88 ORGAN LLC # 2	
		CX		

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