

Signature

Typed Name: _

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

09 DEC 24 AM 8: 17

SECRETARY OF STATE STATE OF IDAHO

(Instructions on back of application)

1. The name of the limited liability company is: Qwik Lube and Rental Centre, LLC 2. The complete street and mailing addresses of the initial designated/principal office: 1212 Shoup Street, Salmon, ID 83467 (Street Address) (Mailing Address, if different than street address) 3. The name and complete street address of the registered agent: Mark C. Dopson 1212 Shoup Street, Salmon, ID 83467 (Street Address) (Name) 4. The name and address of at least one member or manager of the limited liability company: Name Address 1212 Shoup Street, Salmon, ID 83467 Mark C. Dopson 5. Mailing address for future correspondence (annual report notices): 5 Ame Future effective date of filing (optional):
________ Signature of organizations. (An organizer is a member, or is acting in behalf of a phember or members). Secretary of State use only Signature Mark C. Dopson Typed Name:/

IDANO SECRETARY OF STATE

12/24/2009 05:00

CK: 9421 CT: 191065 MH: 1200667

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