

## CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

2012 AUG -3 PM 12: 17

	(Instructions on back of application)		SECRETARY OF STATE	
1. The nam	me of the limited liability company is:		STATE OF IDAHO	
		Skip's Repair, LLC		
2 The com	nlete street and mail	ng addresses of the initial of	lesionated office:	
	all Drive, Nampa, ID8363	•	<del>3                                    </del>	
(Street Add	<u>-</u>			
(Mailing Ad	dress, if different than street a:	ichess)		
		et address of the registered	agent:	
Cassie V	vbcd	11295 Hall Drive, Nam;	pa, ID 83651	
(Name)		(Street Address)		
4. The nam company		east one member or manag	per of the limited liability	
Cassie V	<u> </u>	11295 Hall Drive, Nam		
Travis Wood		- de-un-	11295 Hall Drive, Nampa, ID 83651	
·				
<u> </u>				
5 Mailing a	oddraec for fi ti ra con	respondence (annual report	notioes):	
•	all Drive, Nampa, ID 8365		Touces).	
6 Entred	Tective date of filing (	(optional):	·	
o aaca		( <b>opaci ca</b> ).	· · · · · · · · · · · · · · · · · · ·	
Signature of person.	fa manager, memt	per or authorized		
•		,	Secretary of State use crity	
Signature_/	an un	<u> </u>		
Typed Name	Cassie Wood			
Signature			IDAHO SECRETARY OF STATE	
Typed Name:			08/03/2012 05:00 CK: 5841 CT: 272994 BH: 1334643	

CK: 5841 CT: 272994 BH: 1334643 1 0 100.00 = 100.00 ORGAN LLC # 2