

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY FILED/EFFECTIVE

(Instructions on back of application)

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1.	The name of the limited liability company is: Auto Suffer LLC
2.	The address of the initial registered office is: 2303 N Liberty Boise ID 83704 and the name of the initial registered agent at that address is: 305tin 60000 Hill
3.	The mailing address for future correspondence: 2303 N. Liberty Boise 10 83704
4.	Management of the limited liability company will be vested in: Manager(s) or Member(s). (please check the appropriate box)
	If management is to be vested in one or more manager(s), list the name(s) and address(es) of at least one initial management is to be vested in the members, list the name(s) and address(es) of at least one initial member. Name Address Jostin Gordon Hill Boise FD 83704
S T C S T	Signature of at least one person responsible for forming the limited liability company: ignature Secretary of State use only Secretary of State use only Signature Secretary of State use only IDAHO SECRETARY OF STATE 1 / 15/2001 05 = 200 CK: CASH CT: 152049 BH: 429677 1 @ 100.00 = 20.00 CKPAN LLC # 2 1 @ 20.00 = 20.00 CKPAN LLC # 2 1 @ 20.00 = 20.00 EXPEDITE C # 4