

CERTIFICATE OF ORGANIZATIONFILED EFFECTIVE LIMITED LIABILITY COMPANY 12 MAY 14 AM 8: 58

(Instructions on back of application)

SECRETARY	0F	STATE
STATE OF		\.∃.)

	SECRETARY OF STATE	
1. The name of the limited liability of	m	
Ju	ONEZAUTOBODY, LLC	
2. The complete street and mailing a 188 OLD HWY 2 LOOP ROAD, MOYIE (Street Address)	addresses of the initial designated office: E SPRINGS, ID 83845	
(Mailing Address, if different than street address	3)	
3. The name and complete street ac	•	
JASON STEVEN JONES (Name)	188 Old Hwy 2 Loop Road, Moyie Springs, ID 83845 (Street Address)	
The name and address of at least company:	t one member or manager of the limited liability	
Name	Address	
JASON STEVEN JONES	188 OLD HWY 2 LOOP ROAD	
	MOYIE SPRINGS, ID 83845	
		
5. Mailing address for future corresp	oondence (annual report notices):	
188 OLD HWY 2 LOOP ROAD, MOYIE	•	
6. Future effective date of filing (opt	ional):	
Signature of a manager, member	or authorized	
person.	Secretary of State use only	
Signature / n		
Typed Name: JASON STEVEN JONES		
,	IDAHO SECRETARY OF STATE	
Signature	95/14/2012 95:00 CK: 565980161 CT: 270363 BH: 1324649	
Typed Name:	1 @ 100.90 = 190.00 ORGAN LLC # 2	

cert_org_lic Rev. 07/2010