





STATE OF IDAHO Office of the secretary of state, Lawerence Denney CERTIFICATE OF ORGANIZATION LIMITED LIABILITY

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301

Filing Fee: \$100.00 - Make Checks Payable to Secretary of State

For Office Use Only

-FILED-

File #: 0003427778

Date Filed: 2/11/2019 11:16:52 PM

1. Limited Liability Company Name	Medica Maria Parati II O
Entity name	Winters Mobile Repair LLC
2. The complete street address of the principal office is:	
Principal Office Address	JAMIE WINTERS
	163 W 350 N
	BLACKFOOT, ID 83221
3. The mailing address of the principal office is:	
Mailing Address	JAMIE WINTERS
	163 W 350 N
	BLACKFOOT, ID 83221-5761
4. Registered Agent Name and Address	
Registered Agent	Registered Agent
	Jamie Winters
	Physical Address:
	JAMIE WINTERS 163 W 350 N
	BLACKFOOT, ID 83221
	Mailing Address:
	Jamie Winters
	163 W 350 N
	BLACKFOOT, ID 83221-5761
5. Governors	
Name	Address
Jamie Winters	JAMIE WINTERS
	163 W 350 N
	BLACKFOOT, ID 83221
Randy Winters	JAMIE WINTERS
	163 W 350 N
	BLACKFOOT, ID 83221
Signature of Organizer:	
Jamie Winters	02/11/2019
Sign Here	Date
Print & Mail Enclosures	
I understand the document can ONLY be	e filed if the following items are included:
Payment in the amount of \$100.00 - checks	s payable to the Secretary of State, signed and recently dated.
This filing form (submit within 30 days) with	the required signature(s).