



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY FILED EFFECTIVE

(Instructions on back of application)

1. The name of the limited liability company is:

Felton's Auto Sales

2015 FEB 24 AM 8:41

SECRETARY OF STATE
STATE OF IDAHO

2. The complete street and mailing addresses of the initial designated office:

1017 Main Ave. St. Maries ID 83861
(Street Address)

Same
(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

John Felton
(Name)

1017 Main Ave St Maries ID 83861
(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

Name	Address
<u>John D. Felton</u>	<u>1017 Main Ave</u>
<u>Barbara J. Felton</u>	<u>1666 Cottonwood Dr</u>
	<u>ST Maries</u>
	<u>ID 83861</u>

5. Mailing address for future correspondence (annual report notices):

1017 Main Ave ST Maries ID 83861

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature

John Daniel Felton

Typed Name:

John Daniel Felton

Signature

Barbara Jo Felton

Typed Name:

BARBARA JO FELTON

Secretary of State use only
IDAHO SECRETARY OF STATE

02/24/2015 05:00

CK:2616 CT:132815 BH:1463235
10 100.00 = 100.00 ORGAN LLC #2

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