



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

12/17/16 AM 9:11

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Main Street Auto Sales, LLC

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

1209 Shoup Street, Salmon, Idaho 83467  
(Street Address)

\_\_\_\_\_  
(Mailing Address, if different than street address)

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

David Larson 175 Hwy 93 South, Salmon ID 83467  
(Name) (Street Address)

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

Name	Address
David Larson	175 Hwy 93 South, Salmon, ID 83467
_____	_____
_____	_____
_____	_____
_____	_____

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

1209 Shoup Street Salmon, ID 83467

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of a manager, member or authorized person:

X Signature [Signature]  
Typed Name: David Larson

Signature \_\_\_\_\_

Typed Name: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE  
04/16/2012 05:00  
CK: 11941 CT: 269364 BH: 1320017  
1 @ 100.00 = 100.00 ORGAN LLC # 2  
1 @ 20.00 = 20.00 EXPEDITE C # 3

W113006