



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

11 FEB -7 AM 8:37

1. The name of the limited liability company is:

Liberty Collision Center *LLC*

SECRETARY OF STATE
STATE OF IDAHO

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

15 North Maple Street Blackfoot, Idaho 83221

(Street Address)

PO Box 991 Blackfoot, Idaho 83221

(Mailing Address, if different than street address)

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

Derek Condon

(Name)

1195 E Walker Blackfoot, Idaho 83221

(Street Address)

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

Name

Address

Derek Condon

1195 E Walker Blackfoot, Idaho 83221

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

PO Box 991 Blackfoot, Idaho 83221

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: Derek Condon

Signature

Typed Name: N/A

Secretary of State use only

IDAHO SECRETARY OF STATE
02/07/2011 05:00
CK: 18878193271 CT: 255237 BH: 1258899
I \$ 100.00 = 100.00 ORGAN LLC # 1

W100292