

Typed Name: _____

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 JUN 16 PM 2: 28

SECRETARY OF STATE STATE OF 10AHO

. The name of the limited liability con	npany is:
BEST C	HOICE AUTO SALES LLC
	dresses of the initial designated/principal office:
(Street Address)	ENUE SO. NAMPA, ID 83651
(Mailing Address, if different than street address) The name and complete street address	ress of the registered agent:
MARK S. DOVNER	4218 SUNNYRIDGE RD. NAMPA, ID 83686
(Name)	(Street Address)
company:	ne member or manager of the limited liability
<u>Name</u> MARK S. DOVNER	Address 4218 SUNNYRIDGE RD. NAMPA, ID 83686
DANIEL MASCORRO	1208 N. MIDLAND BLVD. NAMPA, ID 83651
. Mailing address for future correspo	
C/O STEELSMITH & ASSOCI	IATES 212 12TH AVE. RD. NAMPA, ID 83686
Future effective date of filing (option	nai):
ignature of organizer(s). (An organizer is ting in behalf of a member or members).	a member, or is
A. h	Secretary of State use only
ignature Work & Town	- E
yped Name: MARK S. DOVNER	R 5 IDANO SECRETARY OF STATE
signature Law Volt	TDANO SECRETARY OF STATE ### ### ### ### ####################

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