



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 FEB -8 AM 9:01

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Auto Fixations, LLC

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

923 Purser, Idaho Falls, ID 83402

(Street Address)

(Mailing Address, if different than street address)

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

Jordan Silveira

(Name)

923 Purser, Idaho Falls, ID 83402

(Street Address)

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

Name

Address

Christopher Silveira

#3 Hillbilly Ln #211188, Crescent Valley, NV 89821

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

923 Purser, Idaho Falls, ID 83402

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

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature

Typed Name:

Jordan Silveira

Signature _____

Typed Name: _____

Secretary of State use only

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Revised 07/2008

IDAHO SECRETARY OF STATE
02/08/2010 05:00
CK: 2074 CT: 244715 DN: 1207094
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