



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

10 FEB 11 AM 8:37

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Blue Repair LLC

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

21270 Market Rd Parma ID 83660

(Street Address)

P.O. Box 194 Notus ID 83656

(Mailing Address, if different than street address)

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

Anthony M Fogg

(Name)

21270 Market Rd Parma ID 83660

(Street Address)

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

| Name | Address |
|---------------------|---------------------------------------|
| <u>Anthony Fogg</u> | <u>21270 Market Rd Parma ID 83660</u> |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

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

P.O. Box 194 Notus ID 83656

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:

Anthony M Fogg

Signature

Typed Name:

Secretary of State use only

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Revised 07/2008

IDAHO SECRETARY OF STATE
02/11/2010 05:00
CK: 185481 CT: 244628 BN: 1207640
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