



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

2014 MAY -5 AM 9:21

1. The name of the limited liability company is:

Tire Dreams, LLC

SECRETARY OF STATE
STATE OF IDAHO

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

431 S. Division, Sandpoint, ID 83864

(Street Address)

PO Box 494, Dover, ID 83825

(Mailing Address, if different than street address)

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

Little's Tire & Alignment, Inc.

(Name)

431 S. Division, Sandpoint, ID 83864

(Street Address)

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

Name

Address

Jeffrey S. Little

PO Box 494, Dover, ID 83825

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

PO Box 494, Dover, ID 83825

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

Signature of a manager, member or authorized person.

Signature _____

Typed Name: Jeffrey S. Little

Signature _____

Typed Name: _____

Secretary of State use only
IDAHO SECRETARY OF STATE

05/05/2014 05:00

CK:8566 CT:175715 BH:1423199

1@ 100.00 = 100.00 ORGAN LLC #2

1@ 20.00 = 20.00 EXPEDITE C #3

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