

CERTIFICATE OF ORGANIZATION ILED EFFECTIVE LIMITED LIABILITY COMPANYINS FEB 25 PH 4: 56

(Instructions on back of application)

. The name of the limited liabil	itu oomnonu ior	SECHETARY OF STATE	
	• • •		
AAA Transportation and Medical (
 The complete street and maili 2058 W. Fairway Dr Couer D Alen 	_	e initial designated office:	
(Street Address)			
(Malling Address, if different than street ad	dress)		
3. The name and complete stree	et address of the reg	gistered agent:	
Douglas Edwards	2058 W. Fairv	2058 W. Fairway Dr. Couer D Alene, ID 83815	
(Name)	(Street Address)	(Street Address)	
company:	east one member o	r manager of the limited liability	
<u>Name</u> Douglas Edwards	2050 M. Caia	Address vay Dr. Couer D Alene, ID 83815	
Douglas Cowards	2000 11.1 anv	vay br. Codel b Alerie, ib 63615	
5. Mailing address for future con 2058 W. Fairway Dr Couer D Alen	•	al report notices):	
2000 W. I all Way Di Codel D Alei	e, 10 00010		
6. Future effective date of filing (optional):		
Signature of a manager, memb erson.	er or authorized		
7		Secretary of State use only	
Signature		1DAHO SECRETARY OF STATE 02/26/2015 05:00	
yped Name: Douglas Edwards		CK:22631801826 CT:306915 BH:146 16 100.00 = 100.00 ORGAN LLC	
ignature		16 20.00 = 20.00 EXPEDITE C	
yped Name:	Į.		
, pod 1401110.		,	

W148174