

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

11 JUN 16 AM 9: 22

(4)		22 Art 9: 22
	(Instructions on back	
1.	The name of the limited liability cor	mpany is: STATE OF IDAHO
	Wa	ally's Auto Repair LLC
2.	The complete street and mailing ad 1608 Midway, Idaho Falls, ID 83406 (Street Address)	Idresses of the initial designated/principal office:
	(Mailing Address, if different than street address)	
3.	The name and complete street address of the registered agent:	
	Jack E Likes	1608 Midway Idaho Falls, ID 83406
	(Name)	(Street Address)
4.	The name and address of at least one member or manager of the limited liability company:	
	<u>Name</u>	<u>Address</u>
	Jack E Likes	1608 Midway Idaho Falls, ID 83406
5.	Mailing address for future correspondance 1608 Midway Idaho Falls, ID 83406	ndence (annual report notices):
6.	Future effective date of filing (option	nal):
_	nature of a manager, member or son.	authorized
Pel		Secretary of State use only
Sig	nature	
Тур	ped Name: JACK E Likes	

IDAHO SECRETARY OF STATE

06/16/2011 05:00

CK: 1017049 CT: 8706 BH: 1278639
1 8 100.00 = 100.00 ORGAN LLC # 2

cert_org_lic Rev. 07/2010

Signature_____

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