

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

	(Instructions on ba	ack of application)	12 My -1 AM 9: 02
1. The	name of the limited liability	company is:	STORT DAY OF COME
		Troy Motors LLC	SECRETARY OF STATE
509	complete street and mailing South Main Street Troy Idaho 838 set Address)		
(Ma	ling Address, if different than street addres	es)	
3. The	The name and complete street address of the registered agent:		
Joe (Nai	I C. Warner	509 South Main Street (Street Address)	Troy Idaho 83871
(140)	,	(on our ribulioss)	
	The name and address of at least one member or manager of the limited liability company:		
	<u>Name</u>	<u>Address</u>	
<u>Joe</u>	l C. Warner	509 South Main Street Troy Idaho 83871	
	ing address for future corres South Main Street Troy Idaho 83	,	. notices).
6. Futu	re effective date of filing (op	tional):	· · · · · · · · · · · · · · · · · · ·
Signatu person.	re of a manager, member	or authorized	
Signatur	a / sta	-	Secretary of State use only
Typed N			
Signatur			IDAHO SECRETARY OF STATE 05/01/2012 05:00 CK: 4258 CT: 13984 BH: 1322243
•	ame:		1 0 100.00 = 100.00 ORGAN LLC # 2

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