FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2014 JUL 24 PM 3: 34

SECRETARY OF STATE

191	(Instructions on b	oack of application	1)	STATE OF IDAHO
1. The name	e of the limited liability	company is:		
	Smokey River Repairs, LLC			
2. The complete street and mailing addresses of the initial de				ited/principal office:
1213 Eas	t 4400 North, Buhl, idaho 8	3316_		
(Street Addr	ess)			
(Mailing Add	dress, if different than street addre	98S)		PHILADIN BOOKING A TO THE PARTY OF THE PARTY
3. The name	e and complete street a	address of the reg	gistered agent:	
Owen Ola	ıh	1213 East 4400 North, Buhl, Idaho 83316 (County of Twin Falls County)		
(Name)		(Street Address)		
Owen Ola	Name ah	1213 East 44	1213 East 4400 North, Buhl, Idaho 83316	
Owen Ola	ıh	1213 East 44	1213 East 4400 North, Buhl, Idaho 83316	
. Mailing a	ddress for future corre	spondence (annu	al report notice	s):
1213 Eas	t 4400 North, Buhl, Idaho 8	3316		
D	E44	. 41 = N.		
o. Future en	fective date of filing (or	otional):		
lianature of	a manager, membe	r or authorized		
erson.	- A	or admonized		
.,	CM/C		Sec	retary of State use only
Signature	Chausana Massley Assi			
урец мате:	Cheyenne Moseley, Assi Secretary, LegalZoom.co	om, Inc.	7	DAKO SECRETARY OF S
Signature				37/24/2014 05:
		i	CK:2085	042 CT:172099 BI
			1@ 100.	00 = 100.00 ORG2

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10 20.00 = 20.00 EXPEDITE C #3

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