



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2013 JAN -4 PM 3:39

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Triple A Towing & Recovery LLC

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

2504 S. Bluegrass dr. Nampa Idaho 83686  
(Street Address)

(Mailing Address, if different than street address)

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

Rick Anacker  
(Name)

2504 S. Bluegrass dr Nampa Id 83686  
(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>
<u>Rick Anacker</u>	<u>2504 S. Bluegrass dr. Nampa Id 83686</u>

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

2504 S. Bluegrass dr. Nampa Id. 83686

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of a manager, member or authorized person.

Signature

Typed Name: Rick Anacker

Signature

Typed Name: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE  
01/04/2013 05:00  
CK: CASH CT: 105345 RH: 1354338  
1 @ 100.00 = 100.00 ORGAN LLC # 2