

FILED EFFECTIVE

251



**CERTIFICATE OF ORGANIZATION
LIMITED LIABILITY COMPANY**

2014 NOV 17 PM 4: 17

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Idaho Falls Auto Works LLC

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

2296 N. Yellowstone Highway Idaho Falls, ID 83401

(Street Address)

3211 E. County Line rd Idaho Falls, ID 83401

(Mailing Address, if different than street address)

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

Shawn Hebdon

(Name)

3211 E. County Line rd. Idaho Falls, ID 83401

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

Name

Address

Shawn Hebdon

3211 E. County Line rd. Idaho Falls, ID 83401

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

3211 E. County Line rd Idaho Falls

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature

Typed Name: Shawn Hebdon

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

11/18/2014 05:00

CK:2365534 CT:172099 BH:1449717

1@ 100.00 = 100.00 ORGAN LLC #2

1@ 20.00 = 20.00 EXPEDITE C #3

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