



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

11 JUN -8 PM 2:50

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Lengenfelder Quality Repair LLC.

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

3003 W. Main St., Boise, ID, 83705

(Street Address)

4255 Linda Vista Ln. Boise, ID, 83704

(Mailing Address, if different than street address)

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

Armin Lengenfelder

(Name)

4255 Linda Vista Ln. Boise, ID

(Street Address)

83704

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

Name

Address

Armin Lengenfelder

4255 Linda Vista Ln. Boise, ID 83704

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

4255 Linda Vista Ln. Boise, ID, 83704

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

Signature of a manager, member or authorized person.

Signature

Typed Name:

Armin Lengenfelder

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
06/08/2011 05:00
CK: 1148 CT: 259633 BH: 1277528
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