

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

08 AUG 29 AM 8: 43

SECRETARY OF ST

The name of the limited liability company	y is: STATE OF IDAHO
MPA I	Motorsports LLC
2. The complete street and mailing address	es of the initial designated/principal office:
	Emmett, ID 83617
(Street Address)	
(Mailing Address, if different than street address)	
3. The name and complete street address of	of the registered agent:
James R Leslie (Name) (Stre	1667 Syringa Emmett, ID 83617
(Name) (Stre	eet Address)
4. The name and address of at least one me company:	ember or manager of the limited liability
Name	<u>Address</u>
Julia A Leslie	1667 Syringa Emmett, ID
5. Mailing address for future correspondence	e (annual report notices):
	Emmett, Id 83617
6. Future effective date of filing (optional): _	
Signature of organizer(s). (An organizer is a memb	per, or is
acting in behalf of a member or members).	Secretary of State use only
Signature	Section of State and Stay
Typed Name: James R Leslie	*
Jpour Hairio.	- E
Signature On All	IDAHO SECRETARY OF STATE B
	CK: 6701 CT: 229282 BH: 113
yped Name: V Julia A Leslie	7 5 100:00 - 100:00 OVDNU FF

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