

Signature ___ Typed Name:

DUSTIN ARMSTRONG

CERTIFICATE OF ORGANIZATION ED EFFECTIVE

09 SEP 16 AM 8: 21

(Instructions on back of application)

SECRETARY STATE OF	OF	STATE
STATE OF	ID/	HO

1. The name of the limited liability co	mpany is: STATE OF IDAHO
ACE	DRIVING SCHOOL LLC
-	Idresses of the initial designated/principal office:
(Street Address)	DCATELLO, ID 83204
(Mailing Address, if different than street address)	
3. The name and complete street add	ress of the registered agent:
GARRY LAYMAN	416 W LEWIS APT 115 POCATELLO, ID 83204
(Name)	(Street Address)
company:	one member or manager of the limited liability Address
<u>Name</u> GARRY LAYMAN	416 W LEWIS APT 115
	POCATELLO, ID 83204
DUSTIN ARMSTRONG	3345 BANNOCK HWY #B
	POCATELLO,ID 83204
5. Mailing address for future correspo	ndence (annual report notices): APT 115 POCATELLO, ID 83204
6. Future effective date of filing (optio	nal):
Signature of organizer(s). (An organizer is	a member or is
acting in behalf of a member or members).	
Signature	Secretary of State use only
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