

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 JUN 29 PM 2: 48

1. The name of the limited liability comp	pany is: STATE OF STATE
Auto Group of Idaho LLC	
2. The complete street and mailing addr	resses of the initial designated/principal office:
126 Brido	ge Ave Kuna ID 83634
(Street Address)	403 Kuna ID 83634
(Mailing Address, if different than street address)	
3. The name and complete street address	ss of the registered agent:
John K Gaskell	126 Bridge Ave Kuna ID 83634
(Name)	(Street Address)
The name and address of at least one company:	e member or manager of the limited liability
<u>Name</u>	<u>Address</u>
John K Gaskell	4770 S. McDermott Nampa, ID 83687
William S Shipp	8974 East Stage Coach Rd Melba ID 83641
5. Mailing address for future correspondence (annual report notices): PO Box 403 Kuna ID 83634	
6. Future effective date of filing (optional):	
Signature of organizer(s). (An organizer is a macting in behalf of a member or members).	nember, or is
acting in behalf of a member of members).	Secretary of State use only
Signature for S. Law	W Juli
Typed Name: John K Gaskell	IDAHO SECRETARY OF STATE 96/29/2010 05:00 CK: 2529 CT: 249274 BH: 1228691 1 8 188.00 = 108.00 ORGAN LLC # W94508
Signature	CK: 2529 CT: 249274 BH: 1226691
Signature	wisely : 10.15-62
Typed Name:	——