



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

11 MAY -2 AM 9:09

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

IDA REPAIRS LLC

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

5812 N 26 W IDAHO FALLS IDAHO 83402

(Street Address)

(Mailing Address, if different than street address)

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

BART ALBERTSON
(Name)

5812 N 26 W IF. ID 83402
(Street Address)

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

Name	Address
<u>CAROL ALBERTSON</u>	<u>5812 N 26 W IDAHO FALLS ID.</u>
_____	_____
_____	_____
_____	_____
_____	_____

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

5812 N. 26 W IDAHO FALLS, ID 83402

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

Signature of a manager, member or authorized person.

Signature Bart Albertson

Typed Name: _____

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
05/02/2011 05:00
CK: 1101 CT: 258377 BH: 1271891
1 @ 100.00 = 100.00 ORGAN LLC # 2

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