



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

10 OCT 12 AM 8:54  
SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Clear Choice Rockchip Repair LLC

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

640 E. Bogie dr. Post Falls id. 83854

(Street Address)

(Mailing Address, if different than street address)

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

Caleb j. Miller

(Name)

640 e. bogie dr. post falls id. 83854

(Street Address)

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

**Name**

**Address**

Caleb j. Miller

640 e. bogie dr. post falls id. 83854

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

640 e. bogie dr. post falls id. 83854

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: Caleb J. Miller

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE  
10/12/2010 05:00  
CK: 1132 CT: 216289 BH: 1242525  
1 @ 100.00 = 100.00 ORGAN LLC # 2

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