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	LITY COMPANY	2007 AUG 13 PH 3 SECRETARY OF S STATE OF IDAH
	ack of application)	STATE OF IDAP
1. The name of the limited liability co		
Complete Car Care Center 430	5, LLC	
2. The street address of the initial re		
13965 W. Chinden Blvd., Ste. 1		
and the name of the initial registe	red agent at the above addre	ess is:
Jason W. Berrett		
3. The mailing address for future co		
13965 W. Chinden Bivd., Ste.		· · · · · · · · · · · · · · · · · · ·
4. Management of the limited liabilit	y company will be vested in:	
Manager(s) 🔲 or Member(s)	(please check the appropriate	box)
5. If management is to be vested in address(es) of at least one Initial	manager if management is	to de vesteu in the
address(es) of at least one initial member(s), list the name(s) and Name	address(es) of at least one in	Address
address(es) of at least one initial member(s), list the name(s) and	address(es) of at least one in 13965 W. Chinden Bl	Address
address(es) of at least one initial member(s), list the name(s) and Name	address(es) of at least one in	Address
address(es) of at least one initial member(s), list the name(s) and Name	address(es) of at least one in 13965 W. Chinden Bl	Address
address(es) of at least one initial member(s), list the name(s) and Name	address(es) of at least one in 13965 W. Chinden Bl	Address
address(es) of at least one initial member(s), list the name(s) and Name	address(es) of at least one in 13965 W. Chinden Bl	Address
address(es) of at least one initial member(s), list the name(s) and Name Berrett Financial Group, Inc.	manager. If management is address(es) of at least one in <u>13965 W. Chinden Blu</u> <u>Boise, ID 83713</u>	Address vd., Ste. 110
address(es) of at least one initial member(s), list the name(s) and Name Berrett Financial Group, Inc.	manager. If management is address(es) of at least one in <u>13965 W. Chinden Blu</u> <u>Boise, ID 83713</u>	Address vd., Ste. 110
 address(es) of at least one initial member(s), list the name(s) and Name Berrett Financial Group, Inc. 6. Signature of at least one person Signature:	manager. If management is address(es) of at least one in <u>13965 W. Chinden Blu</u> <u>Boise, ID 83713</u>	Address vd., Ste. 110 mited liability company:
address(es) of at least one initial member(s), list the name(s) and Name Berrett Financial Group, Inc.	manager. If management is address(es) of at least one in <u>13965 W. Chinden Blu</u> <u>Boise, ID 83713</u>	Address vd., Ste. 110 mited liability company:
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 address(es) of at least one initial member(s), list the name(s) and Name Berrett Financial Group, Inc. 6. Signature of at least one person Signature:	manager. If management is address(es) of at least one in <u>Boise, ID 83713</u> responsible for forming the li BUMM	Address vd., Ste. 110 mited llability company: Cearatery of State use only