



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

11 NOV 17 AM 9:00

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

CLASSICS LLC

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

1411 FALLS AVE E. SUITE 4 TWIN FALLS, ID

(Street Address)

(Mailing Address, if different than street address)

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

BRYAN WRIGHT

(Name)

1444 FALLS AVE E TWIN FALLS, ID

(Street Address)

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

Name

Address

BRYAN WRIGHT

1379 STONEY BROOK CIRCLE TWIN FALLS, ID

TYLER BILLINGS

672 SUNFIRE DRIVE TWIN FALLS, ID

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

1444 FALLS AVE E. TWIN FALLS, ID 83301

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: BRYAN WRIGHT

Signature

Typed Name: TYLER BILLINGS

Secretary of State use only

IDAHO SECRETARY OF STATE  
11/17/2011 05:00  
CK: 2448 CT: 233771 BH: 1298493  
1 @ 100.00 = 100.00 ORGAN LLC # 2

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