

## CERTIFICATE OF ORGANIZATION OF MAY -8 AM 8: 24

E O	(Instructions on ba	ck of application)	STATE OF IL	75 C
1. The name	e of the limited liability o	ompany is:	OFIL	AHOTATE
		GLENNS FERRY TIRE	LLC	· <b>·</b>
The comp	plete street and mailing a	addresses of the initia	al designated/princ	cipal office:
,	J	249 W. FIRST ST. G1	•	-
(Street Addr	ess)	PO BOX 878 G1e	nns Ferry, ID 8	3623
(Mailing Add	lress, if different than street address	•	mis Ferry, ID o	J02J ,
. The name	e and complete street ad	dress of the register	ed agent:	
RO	BERT D JANOUSEK		89 E 4TH AVE. G1	enns Ferry, ID
(Name)		(Street Address)	83	623
. The name	e and address of at least :	one member or mar	nager of the limited	d liability
_	Name	Address PO BOX 878 GLENNS FERRY, ID 83623		
R	OBERT D. JANOUSEK	PO BOX 878	GLENNS FERRY, I	0 83623
<u> </u>	DERIK J. JANOUSEK	PO BOX 872	GLENNS FERRY, I	D 83623
·	MARY E. JANOUSEK	PO BOX 878	GLENNS FERRY I	83623
	•			· · · · · · · · · · · · · · · · · · ·
	W. (1980)			
		<del>_</del>		
		•		
. Mailing a	ddress for future corresp	•		•
	PO BOX	878 GLENNS FERRY, II	0 83623	
Future of	fective date of filing (opti	onal):		2 (1) (1) (2)
. Fuluie ei	iective date of filling (opti	Oilai)		
_	organizer(s). (An organizer i of a member or members).	is a member, or is		
	) A + D ()	V 8	Secretary of Sta	e use only
ignature_ <b>_</b> K	obut D. 40	nauseh !		
yped Name:	ROBERT D. JANOI	JSEK		
		SEK  Revised 0772006	1940 85/98	SECRETARY OF STATE /2009 05 x 0
ignature		Day IC	CX: 7684 C 1 8 186-88	T: 117847 BH: 116977 = 180.88 ORBAN LLC
yped Name:		Morr	1 9 20.00 =	20.00 EXPEDITE C