



ARTICLES OF ORGANIZATION ~~REVOKED/EFFECTIVE~~ LIMITED LIABILITY COMPANY

(Instructions on back of application)

AUG 21 3 20 PM '00

SECRETARY OF STATE
STATE OF IDAHO

- The name of the limited liability company is: D + D OFF ROAD SPECIALITIES, L.L.C.
- The address of the initial registered office is: 1650 NORTH HILLTON
_____ and the name of the initial registered agent at that address is: DEBRA JO JACOBSON
- The mailing address for future correspondence: AS ABOVE
- Management of the limited liability company will be vested in:
Manager(s) ☐ or Member(s) ☒ . (please check the appropriate box)
- If management is to be vested in one or more manager(s), list the name(s) and address(es) of at least one initial manager. If management is to be vested in the members, list the name(s) and address(es) of at least one initial member.

Name

Address

Debra Jo Jacobs

1650 N Hillton Boise Id
83706

- Signature of at least one person responsible for forming the limited liability company:

[Signature]

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ISAND SECRETARY OF STATE

08/22/2000 09:00
CK: CASH CT: 135022 BH: 342772

1 @ 100.00 = 100.00 ORGAN LLC # 2
1 @ 20.00 = 20.00 CORP SUR # 3

W 12735