

1.

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

08 NOV 18 AN 8: 13

The name of the limited liability company is:	SECRETARY OF STATE STATE OF IDAHO
DAN'S MORE AUTO DEDAIG	

_	TO IDAILU
	I'S MOBILE AUTO REPAIR, LLC
2. The complete street and mailing 204 11	g addresses of the initial designated/principal office: TH AVE. N. NAMPA, IDAHO 83687
(Street Address)	11. 14. 14. 14. 14. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15
10268 (Mailing Address, if different than street addre	Lakeshore Dr Nampa ID 83686
The name and complete street a	address of the registered agent:
DANIEL WANT	10268 LAKESHORE DR. NAMPA, ID 83686
(Name)	(Street Address)
one name and address of at least company:  Name	st one member or manager of the limited liability
DANIEL WANT	Address
DANAGE AND A	10268 LAKESHORE DR. NAMPA, ID 83686
Mailing address for future corresp	condence (annual report notices):
10268 LAK	KESHORE DR. NAMPA, ID 83686
Future effective date of filing (opt	ional):
nature of organizer(s). (An organizer	is a member, or is
ng in behalf of a member or members).	
nature <u>Mousher</u> S	Secretary of State use only
ped Name: MARSHA SIHA	Company of State use only
_	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
nature	IDAHO SECRETARY OF S 11/18/2008 6
ed Name:	T S CK: 18942 CT: 222177 BH 1 8 100.00 = 180.00 ORG
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