

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE 2017 AUG 16 PM 3 59

Title 30, Chapters 21 and 25, Idaho Code Filing fee: \$100 typed, \$120 not typed

2082322499

Signature:

Printed Name:

Rev. 11/2015

Complete and submit the application in duplicate.

| | | JIMIL OF IDATO |
|---------------------------------|--|--|
| The name of the limited lia | bility company is: | |
| J DOUBLE T AUTO REPA | MR, LLC | |
| (Remember to include the | words "Limited Liability Company," "Lin | nited Company," or the abbreviations L.L.C., LLC, or LC) |
| The complete street and m | ailing addresses of the princi | oal office is: |
| 1801 N ARTHUR AVE, PO | | |
| (Street Address) | | |
| (Mailing Address, if different) | | |
| The name of the registered | t agent and street address of | the registered agent: |
| JOE AGUIRRE | 845 WASHINGTON AVE, POCATELLO, ID 83201 | |
| (Name) | (Address cannot be a post office box or postal mail box) | |
| The name and address of | at least one governor of the li | mited liability company: |
| JOE AGUIRRE | 845 WASHINGTON AVE, POCATELLO, ID 83201 | |
| (Name) | (Address) | |
| | | |
| (Name) | (Address) | |
| | | |
| (Name) | (Address) | |
| | | |
| (Name) | (Address) | |
| Mailing address for future | correspondence (annual repo | ert notices): |
| 845 WASHINGTON AVE, | | • |
| (Address) | | |
| nature of organizer(s). | | |
| | | Secretary of State use only |
| nature: (poc. Of | fle- | IDAHO SECRETARY OF STATE |
| ted Name: JOE AGUIRRE | | 08/16/2017 05:00 CK:14299630 CT:172099 BH:1598640 |
| 164 (48))FC. | | 10 100.00 = 100.00 DRGAN LLC #2 |

W187817