

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 AUG 28 AM 8: 57

SECRETARY OF STATE

I. The name of the limited liability or	ompany is:		STATE	OF IDAHO	)
	MAGIC AUTO	LLC			
. The complete street and mailing a	nddresses of th		- ,	cipal office	):
(Street Address)					<del></del>
(Mailing Address, if different than street address)	)				<del></del>
. The name and complete street ad	dress of the re	egistered a	gent:	•	
HYUN JIN SHIN	3639 E SWEET WATER DR BOISE			ID 83716	·
(Name)	(Street Addres	is)	<u>.</u>		<i>27</i>
. The name and address of at least company:	one member	or manage	r of the limite	d liability	. ••
<u>Name</u>		4	<u>Address</u>		
HYUN JIN SHIN	3639 E	3639 E SWEET WATER DR BOISE ID 83716			
	<u></u>				
	_			<del></del>	· ·
			:		
		•	:		
		,			
			•		** **
Mailing address for future correspondent	•	•	•		
3639 E SWI	EET WATER DR	BOISE ID 8	3716		
Future effective date of filing (option	onal):	· · · · · · · · · · · · · · · · · · ·			.3
gnature of organizer(s). (An organizer is	s a member, or is	i			· ·
ing in behalf of a member or members).			Secretary of Sta	ta use only	
anatura Huma Tim Sh	م دا ام	DW4	Coulding of Old	to dee staj	er .
gnature Hyun Tin SU vped Name: HYUN JIN SHIN	N	nnstLLC formsteart_org_Rc.PMD vised_07/2008	IDAHO 9 28/28/ CK: 383187 C 1 8 190.66 =	ECRETARY OF 6 <b>12009 0</b> 7: 172899 84 188.88 088	TATE 5 2 46 6 1 11 4478 WHILL #
gnature	<u> </u>	M 07/2		wastan AM	ral LLL #
rned Name:		SE SE	4		

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