



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE
2013 FEB 28 AM 9:23
SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

A Plus Auto Repair LLC

2. The complete street and mailing addresses of the initial designated office:

702 N Main St, Pocatello, ID 83204

(Street Address)

PO Box 2715 Pocatello, ID 83206

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

John E White

(Name)

702 N Main St, Pocatello, ID 83204

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

Name

Address

John E White

PO Box 2715, Pocatello, ID 83206

5. Mailing address for future correspondence (annual report notices):

PO Box 2715, Pocatello, ID 83206

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature

Typed Name: John E White

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
02/28/2013 05:00
CK: 137 CT: 279959 BH: 1362183
1 @ 100.00 = 100.00 ORGAN LLC # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

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