

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY 2014 OCT -7 PM 12: 12

	(Instructions on back of applicatio	OLONG MAIN OF OTHER
1. T	he name of the limited liability company is:	STATE OF IDAHO
	Express towing LLC	
2. T	he complete street and mailing addresses of the	e initial designated/principal office:
	1069 J. Jullion Ave. Boise 11 (Street Address)) 21204
	(Street Address)	, 0),-,
	(Mailing Address, if different than street address)	
	The name and complete street address of the registered agent:	
. .	The Harrie and complete direct dual cost of the re-	gistered agent.
	Osman Umayou 1069 N. (Name) (Street Address	Jullion Ave. Boise 10 83704
	(Name) (Street Address)
л т	The name and address of at least one member or manager of the limited liability	
	me hame and address of at least one member c ompany:	in manager of the limited hability
_	<u>Name</u>	Address
	Osman Umared 1069 N.	Jullion Ave. Boise 10 83704
		
5. N	lailing address for future correspondence (annu	al report notices):
	1069 N. Jullion Ave. Boise 10 837	104
^ F	internal of the state of the st	
О. Г	uture effective date of filing (optional):	
^ :		
oigna perso	ature of a manager, member or authorized	
poroc		Secretary of State use only
Signa	ture	IDAHO SECRETARY OF STA
	Name: Snan Unarev	10/07/2014 05:0
	,	CK:CASH CT:301930 BH:1
Signa	ture	16 100.00 = 100.00 ORGAN
	d Name:	Leepin

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