



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

## FILED EFFECTIVE

(Instructions on back of application) 2014 AUG 11 AM 9:05

1. The name of the limited liability company is:

Absolute Auto Sales LLC

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

3350 W. Seltice Way

(Street Address)

Post Falls ID 83854

(Mailing Address, if different than street address)

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

Rena Pomerinke

(Name)

310 N Frederick St. Post Falls ID 83854

(Street Address)

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

Name

Address

Donnie Pomerinke

310 N Frederick St. Post Falls ID 83854

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

310 N Frederick St. Post Falls ID 83854

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of a manager, member or authorized person.

Signature \_\_\_\_\_

Typed Name: Rena Pomerinke

Signature \_\_\_\_\_

Typed Name: Donnie D. Pomerinke

Secretary of State use only

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08/11/2014 05:00

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