

Signature

Typed Name:

Jennifer Clements

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 OCT -1 AM 8: 34

SECRE BY OF STATE STATE OF IDAHO

. The name of the limited liability company is:		STATE OF IDAHO	
	DC Bike Garage LLC	O	
2. The complete street and ma		lesignated/principal office:	
(Street Address) Same			
(Mailing Address, if different than street	address)		
3. The name and complete stre	et address of the registered	agent:	
David Clements		4601 E Brookin Dr Nampa, ID 83686	
(Name)	(Street Address)		
<ol> <li>The name and address of at company:</li> </ol>	: least one member or manag		
<u>Name</u>		Address	
David Clements	4601 E Brooklyn Dr Na	4601 E Brooklyn Dr Nampa, ID 83686	
Jennifer Clements	4601 E Brooklyn Dr Nampa, ID 83686		
<ol><li>Mailing address for future co</li></ol>		notices):	
4601 E Brookin Dr Nampa, ID 8	3686		
5 . E. 4			
<ol><li>Future effective date of filing</li></ol>	(optional):		
Signature of a manager, men	nber or authorized		
erson.		Secretary of State use only	
Signature Suly Cha-			
yped Name: David Clements			
yped Name. Atta dictions		TRANS OFFERTARY OF STATE	

cert\_org\_lic Rev. 07/2010

IDAHO SECRETARY OF STATE
10/01/2010 05:00
CK: 250 CT: 251687 BH: 1241306
1 @ 100.00 = 100.00 ORGAN LLC # 2

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