



0004441569

**STATE OF IDAHO***Office of the secretary of state, Lawrence Denney***CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY**

Idaho Secretary of State

PO Box 83720

Boise, ID 83720-0080

(208) 334-2301

Filing Fee: \$100.00

*For Office Use Only***-FILED-**

File #: 0004441569

Date Filed: 10/7/2021 4:35:11 PM

| Certificate of Organization Limited Liability Company                                                                                                                                                  |                                                                                                                                                                                            |      |         |                 |                                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------|-----------------|--------------------------------------------------------------|
| Select one: Standard, Expedited or Same Day Service (see descriptions below)                                                                                                                           | Expedited (+\$40; filing fee \$140)                                                                                                                                                        |      |         |                 |                                                              |
| 1. Limited Liability Company Name                                                                                                                                                                      |                                                                                                                                                                                            |      |         |                 |                                                              |
| Type of Limited Liability Company                                                                                                                                                                      | Limited Liability Company                                                                                                                                                                  |      |         |                 |                                                              |
| Entity name                                                                                                                                                                                            | Hayden Car Clinic LLC                                                                                                                                                                      |      |         |                 |                                                              |
| 2. The complete street address of the principal office is:                                                                                                                                             |                                                                                                                                                                                            |      |         |                 |                                                              |
| Principal Office Address                                                                                                                                                                               | 1315 N BIZTOWN LOOP<br>HAYDEN, ID 83835                                                                                                                                                    |      |         |                 |                                                              |
| 3. The mailing address of the principal office is:                                                                                                                                                     |                                                                                                                                                                                            |      |         |                 |                                                              |
| Mailing Address                                                                                                                                                                                        | DAVID LASHLEY<br>1768 N SILO ST<br>POST FALLS, ID 83854-7403                                                                                                                               |      |         |                 |                                                              |
| 4. Registered Agent Name and Address                                                                                                                                                                   |                                                                                                                                                                                            |      |         |                 |                                                              |
| Registered Agent                                                                                                                                                                                       | Registered Agent<br>David A Lashley<br>Physical Address:<br>1768 N SILO STREET<br>POST FALLS, ID 83854<br>Mailing Address:<br>DAVID LASHLEY<br>1768 N SILO ST<br>POST FALLS, ID 83854-7403 |      |         |                 |                                                              |
| <input checked="" type="checkbox"/> I affirm that the registered agent appointed has consented to serve as registered agent for this entity.                                                           |                                                                                                                                                                                            |      |         |                 |                                                              |
| 5. Governors                                                                                                                                                                                           |                                                                                                                                                                                            |      |         |                 |                                                              |
| <table border="1"><thead><tr><th>Name</th><th>Address</th></tr></thead><tbody><tr><td>David A Lashley</td><td>DAVID LASHLEY<br/>1768 N SILO ST<br/>POST FALLS, ID 83854-7403</td></tr></tbody></table> |                                                                                                                                                                                            | Name | Address | David A Lashley | DAVID LASHLEY<br>1768 N SILO ST<br>POST FALLS, ID 83854-7403 |
| Name                                                                                                                                                                                                   | Address                                                                                                                                                                                    |      |         |                 |                                                              |
| David A Lashley                                                                                                                                                                                        | DAVID LASHLEY<br>1768 N SILO ST<br>POST FALLS, ID 83854-7403                                                                                                                               |      |         |                 |                                                              |
| Signature of Organizer:                                                                                                                                                                                |                                                                                                                                                                                            |      |         |                 |                                                              |
| <i>David A Lashley</i>                                                                                                                                                                                 | <i>10/07/2021</i>                                                                                                                                                                          |      |         |                 |                                                              |
| Sign Here                                                                                                                                                                                              | Date                                                                                                                                                                                       |      |         |                 |                                                              |

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