



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE
2014 MAY 23 AM 8:55

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Camacho's Auto Repair, LLC

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

8190 N 35th W. Idaho falls, ID 83402

(Street Address)

(Mailing Address, if different than street address)

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

Jesus P. Camacho

(Name)

8190 N 35th W. Idaho falls, ID 83402

(Street Address)

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

Name

Address

Jesus P. Camacho

8190 N 35th W. Idaho falls, ID 83402

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

8190 N 35th W. Idaho falls, ID 83402

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

Signature of a manager, member or authorized person.

Signature

Typed Name: Jesus P. Camacho

Signature

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

05/23/2014 05:00

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