



# CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

2012 OCT 23 AM 8:43

(Instructions on back of application)

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

AAA Autobody & Recovery LLC.

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

1130 Sunburst Twin Falls ID. 83301  
(Street Address)

(Mailing Address, if different than street address)

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

Robert D. Osburne 1130 Sunburst Twin Falls ID  
(Name) (Street Address) 83301

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

Name	Address
<u>Robert D. Osburne</u>	<u>1130 Sunburst Twin Falls ID</u> 83301
_____	_____
_____	_____
_____	_____
_____	_____

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

1130 Sunburst Twin Falls ID 83301

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

Signature of a manager, member or authorized person.

Signature [Signature]  
Typed Name: Robert D Osburne

Signature \_\_\_\_\_  
Typed Name: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE  
10/23/2012 05:00  
CK: 1104 CT: 275526 BH: 1344759  
1 @ 100.00 = 100.00 ORGAN LLC # 2

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