



**CERTIFICATE OF ORGANIZATION FILED EFFECTIVE
LIMITED LIABILITY COMPANY**

(Instructions on back of application)

2012 OCT 23 AM 8:43

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 83301
(Name) (Street Address)

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

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

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 _____

Typed Name: Robert D. Osburne

Secretary of State use only

Signature _____

Typed Name: _____

IDaho SECRETARY OF STATE
10/23/2012 05:00
CK: 1184 CT: 275526 BH: 1344759
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