

FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 FEB -4 PM 8:46

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

All Seasons Driving School, LLC

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

13988 Country Way, McCall, ID 83638

(Street Address)

PO Box 222, McCall, ID 83638

(Mailing Address, if different than street address)

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

James M. W. Brockmann

(Name)

13988 Country Way, McCall, ID 83638

(Street Address)

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

Name**Address**

James M. W. Brockmann

13988 Country Way, McCall ID 83638

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

PO Box 222, McCall, ID 83638

6. Future effective date of filing (optional):

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature

Typed Name:

James M. W. Brockmann

Signature

Typed Name:

Secretary of State use only

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 IDAHO SECRETARY OF STATE
 02/04/2009 05:00
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