FILED EFFECTIVE



## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY JUN 11 AMER: 12

(Instructions on back of application)

SECRETARY OF STATE

<ol> <li>The name of the limited liability company</li> </ol>	y is: STATE OF IDAHO
Kingdom Automotive Rep	pair and Restoration Services IIc
<ol><li>The complete street and mailing address</li></ol>	ses of the initial designated/principal office:
738 W 200 N B	Blackfoot Idaho 83221
(Street Address) 223 E 350 N RI	Blackfoot Idaho 83221
(Mailing Address, if different than street address)	AUGUST INGILO GOZZI
3. The name and complete street address o	of the registered agent:
Darrel Bennett (Name)	223 E 350 N Blackfoot Idaho 83221
(Stre	eet Address)
The name and address of at least one me company:	ember or manager of the Ilmited Ilability
Name	Address
Charlie Bennett	223 E 350 N Blackfoot Idaho 83221
Rebekah Bennett	223 E 350 N Blackfoot Idaho 83221
	:
<ol><li>Mailing address for future correspondence</li></ol>	
223 E 350 N Bla	sckfoot Idaho 83221
6. Future effective date of filing (optional):	
Signature of organizer(s). (An organizer is a membe acting in behalf of a member or members).	er, or is
OLL METHODES.	Secretary of State use only
Signature	
Typed Name: Charlie Bennett	<u> </u>
	20
Signature	IDAHO SECRETARY OF STATE   96   06/11/2009 05:00
Typed Name:	CK: 260655 CT: 172099 BH: 1174261

W84621