



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2012 JUN -4 AM 9:38
SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Juniors Auto Repair LLC

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

417 main Ave. E Twin Falls Idaho 83301

(Street Address)

(Mailing Address, if different than street address)

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

Maria E. Hernandez

(Name)

319 Quincy St. Twin Falls, ID 83301

(Street Address)

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

Name

Address

Maria E Hernandez

319 Quincy St. Twin Falls, ID 83301

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

417 main Ave. E. Twin Falls, ID. 83301

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Secretary of State use only

Signature Ethel

Typed Name: maria Hernandez

Signature _____

Typed Name: _____

IDAHO SECRETARY OF STATE
06/04/2012 05:00
CK: 186 CT: 271864 BH: 1326687
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