



ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

2002 AUG 14 PM 2:38

1. The name of the limited liability company is: TRUCK ACCESSORY CENTER OF TWIN FALLS, L.L.C. SECRETARY OF STATE
STATE OF IDAHO
2. The address of the initial registered office is: 509 BLUE LAKES BLVD, NORTH,
TWIN FALLS, IDAHO 83301 and the name of the initial registered agent at that address is: JOHN LEWIS
3. The mailing address for future correspondence: 509 BLUE LAKES BLVD, NORTH,
TWIN FALLS, IDAHO 83301

4. Management of the limited liability company will be vested in:

Manager(s) ☐ or Member(s) ☒. (please check the appropriate box)

5. If management is to be vested in one or more manager(s), list the name(s) and address(es) of at least one initial manager. If management is to be vested in the members, list the name(s) and address(es) of at least one initial member.

Name

Address

JOHN LEWIS

509 BLUE LAKES BLVD, NORTH

TWIN FALLS, IDAHO 83301

6. Signature of at least one person responsible for forming the limited liability company:

[Handwritten Signature]

Secretary of State use only

IDAHO SECRETARY OF STATE
08/14/2002 05:00
CK: 6889 CT: 91443 BH: 482783
1 @ 100.00 = 100.00 ORGAN LLC # 2

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