



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

10 JUL -8 AM 8:28

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

MagicLube, LLC

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

20649 Hiway 93; Carey, ID, 83320  
(Street Address)

P.O. Box 331; Carey, ID, 83320  
(Mailing Address, if different than street address)

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

JIM STEWART  
(Name)

20649 Hiway 93; Carey, ID 83320  
(Street Address)

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

Name	Address
<u>Cheri Stewart</u>	<u>P.O. Box 331, Carey, ID 83320</u>
<u>Ryan Stewart</u>	<u>1815 River Bottom Rd, Springville, UT 84663</u>
<u>Jason Stewart</u>	<u>333 Shoshone St. N.; Twin Falls, ID 83301</u>
<u>Lance Stewart</u>	<u>333 Shoshone St. N. #17, Twin Falls, ID 83301</u>
<u>Jim Stewart</u>	<u>P.O. Box 331 Carey ID 83320</u>

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

MagicLube, P.O. Box 331, Carey ID, 83320

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 Jim Stewart  
Typed Name: JIM STEWART

Signature Cheri Stewart  
Typed Name: Cheri Stewart

Secretary of State use only

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Revised 07/2008

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07/08/2010 05:00  
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