

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

2014 MAY 14 AM 9: 07 (Instructions on back of application) 1. The name of the limited liability company is: Threshold automotive Service 181/1 2. The complete street and mailing addresses of the initial designated office: 1887 N. Oakbrook Idaho Falls Id 83401 (Mailing Address, if different than street address) 3. The name and complete street address of the registered agent: Name) 1887 NOAK Brook
(Street Address) Idaho Falls Id 83401 4. The name and address of at least one member or manager of the limited liability company: <u>Name</u> **Address** Tyson Desiels 1887 NOAK brook Folano Falls Id 83401 5. Mailing address for future correspondence (annual report notices): 1887 NOAK Drock Iclaho Falls Id 83401 6. Future effective date of filing (optional): Signature of a manager, member or authorized person. Secretary of State use only IDAHO SECRETARY OF STATE Signature___ 05/14/2014 05:00 Typed Name: Type Drawicks. CK:188 CT:266541 BH:1424651

Signature _____

Typed Name:

W137886

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