



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2013 MAY 28 AM 9:28

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

STRAIGHT EDGE AUTO RESTORATION LLC

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

870 N 3RD E, ST ANTHONY ID 83445

(Street Address)

(Mailing Address, if different than street address)

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

WADE GEISLER

(Name)

870 N 3RD E, ST ANTHONY ID 83445

(Street Address)

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

Name

Address

WADE GEISLER

870 N 3RD E, ST ANTHONY ID 83445

JASON SORENSEN

1826 TETON VIEW DRIVE, REXBURG ID 83440

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

870 N 3RD E, ST ANTHONY ID 83445

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature Waide Geisler

Typed Name: WADE GEISLER

Signature Jason Sorensen

Typed Name: JASON SORENSEN

Secretary of State use only

IDAHO SECRETARY OF STATE
05/28/2013 05:00
CK: 228273 CT: 263579 BH: 1375518
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