

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2013 MAY 28 AM 9: 28

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 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 filling (optional): Signature of a manager, member or authorized person. Secretary of State use only Signature Typed Name: WADE GEISLER	•		SECRE GESTATE
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. Mailling address for future correspondence (annual report notices): 870 N 3RD E, ST ANTHONY ID 83445 6. Future effective date of filling (optional): Signature of a manager, member or authorized person. Secretary of State use only Signature	1. The name of the limited liability	company is:	
870 N 3RD E, ST ANTHONY ID 83445 (Street Address) (Mailling Address, if different than 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 370 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. Secretary of State use only Signature	STRAIGHT EDGE AUTO RESTORA	ATION LLC	United to BATING
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Name Name Name Name Name Name Name Name	(Name)	(Street Address)	
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Signature

Typed Name: JASON SORENSEN