



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

12 JAN -4 AM 9:02

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Mike's TOWING LLC.

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

1520 Aspen Valley Hailey ID 83333
(Street Address)

P.O. Box 1808 Hailey ID 83333
(Mailing Address, if different than street address)

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

Michael E Harder
(Name)

1520 Aspen Valley Hailey ID 83333
(Street Address)

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

Name

Address

Michael E Harder

1520 Aspen Valley

P.O. Box 1808 Hailey ID 83333

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

P.O. Box 1808 Hailey ID 83333

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

Signature of a manager, member or authorized person.

Signature Michael E Harder
Typed Name: MICHAEL E HARDER

Signature _____
Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
01/04/2012 05:00
CR: 1500 CT: 265500 BH: 1304391
1 @ 100.00 = 100.00 ORGAN LLC # 2

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