

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2014 NOV 25	AM	8:	38
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SECRETION

		STATE OF STATE
 The name of the limited lia 	ability company is:	OF TAUD.
The Mobile Tool Store LLC.		}
 The complete street and m 3923 S. Raintree Dr. Nampa i (Street Address) 	•	e initial designated office:
(Mailing Address, if different than stre	et address)	
3. The name and complete st	treet address of the req	gistered agent:
Terry Gorseth	3923 S. Rain	tree Dr. Nampa Idaho 83686
(Name)	(Street Address)	
The name and address of company:	at least one member o	r manager of the limited liability
<u>Name</u>		Address
Terry Gorseth	3923 S. Rain	tree Dr. Nampa Idaho 83686
5. Mailing address for future of 3923 S. Raintree Dr. Nampa	•	al report notices):
6. Future effective date of filing	ng (optional):	
Signature of a manager, me erson.	ember or authorized	
✓ .a	.,	Secretary of State use only
Signature Tury Sur		IDAHO SECRETARY OF STATE
yped Name: Terry Gorseth		11/25/2014 05:00 CK:168993 CT:270501 BH:1450
•		10 100.00 = 100.00 ORGAN LL

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Typed Name: