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**FILED**

# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2010 APR -2 PM 2:31

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Good 2 Go Driving School LLC

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

7390 S 15th W, Idaho Falls ID 83402

(Street Address)

(Mailing Address, if different than street address)

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

Merrill McCracken

(Name)

7390 S 15th W, Idaho Falls ID 83402

(Street Address)

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

**Name****Address**

Merrill McCracken

7390 S 15th W, Idaho Falls ID 83402

Bernedette McCracken

7390 S 15th W, Idaho Falls ID 83402

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

7390 S 15th W, Idaho Falls ID 83402

6. Future effective date of filing (optional):

04/05/10

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature

Typed Name: Merrill McCracken

Signature

Typed Name: Bernedette McCracken

Secretary of State use only

9-Corp/Member LLC Formation Report Log, Jc.PMD  
Revised 07/2008
 IDAHO SECRETARY OF STATE  
 04/02/2010 05:00  
 CK: 2066 CT: 202241 DH: 1216834  
 1 @ 100.00 = 100.00 ORGAN LLC # 2

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