



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

09 OCT -6 AM 11:02

1. The name of the limited liability company is:

EZ Stop, LLC

SECRETARY OF STATE
STATE OF IDAHO

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

5503 East Shoreline Drive

(Street Address)

Post Falls, ID 83854

(Mailing Address, if different than street address)

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

John H. Kirk

(Name)

5503 East Shoreline Drive, Post Falls, ID 83854

(Street Address)

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

Name

Address

John H. Kirk

5503 East Shoreline Drive, Post Falls, ID 83854

Sheila M. Kirk

5503 East Shoreline Drive, Post Falls, ID 83854

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

5503 East Shoreline Drive, Post Falls, ID 83854

6. Future effective date of filing (optional):

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

Signature Stacy Witwer

Typed Name: Stacy Witwer

Signature _____

Typed Name: _____

Secretary of State use only

W87426

IDAHO SECRETARY OF STATE
10/06/2009 05:00
CK: 319262 CT: 172899 BH: 1169988
1 @ 100.00 = 100.00 ORGAN LLC # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

cc:\compform\llc form\llc org_1c.PMD
Revised 07/2008