

Typed Name: _____

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

08 JUL 14 AN ID: 20

SECRETARY OF

I. The name of the	limited liability co	ompany is:	***	STATE OF IDAHO
	Butler	Automotive Resty	ling, LLC	
The complete stro principal office:	eet address, and	mailing addres	s if different, of	the initial designated/
	424 Malla	rd Court, Moscow,	Idaho 83843	
The name of the address of the no	commercial regis on-commercial re	stered agent; or gistered agent:	the name and	complete street
	Matthew Butler	424 Mallard Court,	Moscow, Idaho 83	3843
. The name and a	ddress of at least	t one member o	r manager of th	e limited liability
company:	Name		Addres	
Matthew Butler		424 Mallard Court, Moscow, Idaho 83843		
5. Mailing address		oondence (annu ard Court, Moscow		s):
3. Future effective	date of filing (opt	ional):		
Signature of an orga or is acting in behalf of a	nizer(s). (An orgar required, and existi	nizer is a member, ng, initial member	e e	
Signature Kar	a Figueroa, Assista		7/2008	IDAHO SECRETARY OF STATE 175604 CT: 167623 BH: 1127
Signature			form	e tec.es = tes.es fichici