

1.

Signature:

Rev. 11/2015

Printed Name: -

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code Filling fee: \$100 typed, \$120 not typed

The name of the limited liability company is:

Complete and submit the application in duplicate.

FILED EFFECTIVE

2017 NOV 16 PM 1: 58

SECRETARY OF STATE STATE OF IDAHO

Street Address)	
·	
Mailing Address, if different)	
The name of the register	red agent and the street address of the registered agent:
Sheila Kent	920 E. Lincoln Rd. Idaho Falls, Idaho 83401
Name)	(Address cannot be a post office box or postal mail box.)
<b>_</b>	
	of at least one governor of the limited liability company:
Misty Collins	920 E. Lincoln Rd. Idaho Falls, Idaho 83401
Name)	(Address)
Name)	(Addrese)
•	
Name)	(Automotive Control of
,	(Address)
Name)	(Address)
	e correspondence (annual report notices):
920 E. Lincoln Rd. Idaho (Address)	Palls, Idaho 83401
(Address)	

CK: 15361174 CT: 172099 BH: 1612383 10 100.00 = 100.00 ORGAN LLC #2 10 20.00 = 20.00 EXPEDITE C #3