



0005164170



**STATE OF IDAHO**  
*Office of the secretary of state, Phil McGrane*  
**CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY**

Idaho Secretary of State  
PO Box 83720  
Boise, ID 83720-0080  
(208) 334-2301  
Filing Fee: \$100.00

*For Office Use Only*

**-FILED-**

File #: 0005164170

Date Filed: 3/21/2023 4:22:25 PM

|                                                                                                                                              |                                                                                                                                                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Certificate of Organization Limited Liability Company                                                                                        |                                                                                                                                                                    |
| Select one: Standard, Expedited or Same Day Service (see descriptions below)                                                                 | Expedited (+\$40; filing fee \$140)                                                                                                                                |
| 1. Limited Liability Company Name                                                                                                            |                                                                                                                                                                    |
| Type of Limited Liability Company                                                                                                            | Limited Liability Company                                                                                                                                          |
| Entity name                                                                                                                                  | MC Mobile Service & Repair LLC                                                                                                                                     |
| 2. The complete street address of the principal office is:                                                                                   |                                                                                                                                                                    |
| Principal Office Address                                                                                                                     | 11044 TOGSTAD AVE<br>NAMPA, ID 83651                                                                                                                               |
| 3. The mailing address of the principal office is:                                                                                           |                                                                                                                                                                    |
| Mailing Address                                                                                                                              | 11044 TOGSTAD AVE<br>NAMPA, ID 83651-8210                                                                                                                          |
| 4. Registered Agent Name and Address                                                                                                         |                                                                                                                                                                    |
| Registered Agent                                                                                                                             | Registered Agent<br>matthew campbell<br>Physical Address:<br>11044 TOGSTAD AVE<br>NAMPA, ID 83651<br>Mailing Address:<br>11044 TOGSTAD AVE<br>NAMPA, ID 83651-8210 |
| <input checked="" type="checkbox"/> I affirm that the registered agent appointed has consented to serve as registered agent for this entity. |                                                                                                                                                                    |
| 5. Governors                                                                                                                                 |                                                                                                                                                                    |
| Name                                                                                                                                         | Address                                                                                                                                                            |
| Matthew A Campbell                                                                                                                           | 11044 TOGSTAD AVE<br>NAMPA, ID 83651                                                                                                                               |
| Signature of Organizer:                                                                                                                      |                                                                                                                                                                    |
| <i>Matthew A Campbell</i>                                                                                                                    | <i>03/21/2023</i>                                                                                                                                                  |
| Sign Here                                                                                                                                    | Date                                                                                                                                                               |

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