



**CERTIFICATE OF ORGANIZATION
LIMITED LIABILITY COMPANY**

FILED EFFECTIVE

(Instructions on back of application) 09 DEC 21 AM 9:47

1. The name of the limited liability company is: **SECRETARY OF STATE**
STATE OF IDAHO
Auto Pride II LLC
2. The complete street and mailing addresses of the initial designated/principal office:
808 Cheney Dr Twin Falls Id 83301
(Street Address)
P.O. Box 5350, Twin Falls, ID 83303
(Mailing Address, if different than street address)

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

Jason Newhouse 32 Northridge Dr Jerome Id
(Name) (Street Address)

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

| Name | Address |
|-------------|---|
| Bill Robson | X 1064 Wendell St. Twin Falls ID 83301 |
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| | |
| | |

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

808 Cheney Dr Twin Falls Id 83301

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 Bill Dobson
Typed Name: Bill Dobson

Signature _____
Typed Name: _____

Secretary of State use only

Revised 07/2008
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