



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in duplicate.

FILED EFFECTIVE

2016 OCT 21 AM 9:45

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Harvey's Auto Repair LLC

(Remember to include the words "Limited Liability Company," "Limited Company," or the abbreviations L.L.C., LLC, or LC)

2. The complete street and mailing addresses of the principal office is:

2107 Alta Vista Drive Twin Falls ID 83301

(Street Address)

2107 Alta Vista Drive Twin Falls, ID 83301

(Mailing Address, if different)

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

Aaron Harvey

2107 Alta Vista Drive Twin Falls ID 83301

(Name)

(Address cannot be a post office box or postal mail box)

4. The name and address of at least one governor of the limited liability company:

Aaron Harvey

2107 Alta Vista Drive Twin Falls ID 83301

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

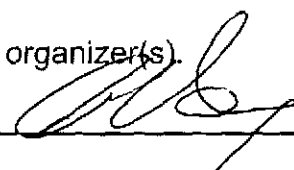
(Address)

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

1096 N. Eastland Drive Ste 200 Twin Falls ID 83301

(Address)

Signature of organizer(s):

Signature: 

Printed Name: Aaron Harvey

Signature: _____

Printed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

10/21/2016 05:00

CK:1042 CT:330388 BH:1551882

1@ 100.00 = 100.00 ORGAN LLC #2

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