



**CERTIFICATE OF ORGANIZATION FILED EFFECTIVE
LIMITED LIABILITY COMPANY**

12/14/12 05:51

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Mace Autoworks LLC

2. The complete street and mailing addresses of the initial designated office:

1261 Wilson Ave. Suite B Pocatello Idaho 83202

(Street Address)

(Mailing Address, if different than street address)

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

Walter Mace
(Name)

15879 Reservation Rd. Pocatello ID
(Street Address)

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

Name

Walter Mace

Address

15879 reservation rd. Pocatello ID. 83202

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

1261 Wilson Ave. Suite B Pocatello ID. 83202

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature

Typed Name: Walter Mace

Secretary of State use only

Signature

Typed Name: _____

IDAHO SECRETARY OF STATE
05/14/2012 05:00
CK: 1001 CT: 270325 RH: 1323931
1 @ 100.00 = 100.00 ORGAN LLC # 2