FILED EFFECTIVE **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY AUG 12 AM 8:35

(Instructions o	n back of application) SECHARTY OF STATE
I. The name of the limited liabil	
SMITTY	'S AUTO BODY AND AUTO SALES, LLC
2. The complete street and mail	ing addresses of the initial designated/principal office:
(Street Address) PO BOX 243 ARCO, ID 83213	
(Mailing Address, if different than street a	ddress)
i. The name and complete stree	et address of the registered agent:
STEVEN C SMITH	190 ARCO AVE ARCO, ID 83213
(Name)	(Street Address)
The name and address of at company: 4. The name and address of at least the company in the com	least one member or manager of the limited liability
Name	Address
STEVEN C SMITH	190 ARCO AVE ARCO, ID 83213
 	
5. Mailing address for future cor	respondence (annual report notices):
PO BOX 243 ARCO, ID 83213	
6. Future effective date of filing	(optional):
Signature of a manager, memberson.	per or authorized
the Cha	Secretary of State use only
Signature VVVVV VIVV	
yped Name: STEVEN C SMITH	
Signature	IDANO SECRETARY OF STATE
yped Name:	08/12/2011 05:00 CK: 3623 CT: 261492 PM: 12442

1 9 188.00 = 100.00 ORGAN LLC # 2

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