



CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

11 JUN -7 AM 9:06

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

TOOLBASH of Magic Valley, LLC

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

1974 Tamarack Loop, Twin Falls, ID 83301

(Street Address)

(Mailing Address, if different than street address)

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

David Hamilton

(Name)

1974 Tamarack Loop, Twin Falls, ID 83301

(Street Address)

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

Name

David Hamilton

Address

1974 Tamarack Loop, Twin Falls, ID 83301

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

David Hamilton, 1974 Tamarack Loop, Twin Falls, ID 83301

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

Signature of a manager, member or authorized person.

Signature

Typed Name: David Hamilton

Signature

Typed Name: _____

Secretary of State use only

IDaho SECRETARY OF STATE
06/07/2011 05:00
CK: 2371 CT: 259567 BH: 1277189
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