

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

## FILED EFFECTIVE

(Instructions on back of application)

10 MAR -3 AM 10: 30

SECRETARY OF STATE STATE OF IDAHO

i. The name of the innited liability compa	arry is.		
WALLACE AUTO LLC	· · · · · · · · · · · · · · · · · · ·		
2. The complete street and mailing addre	sses of the initial	l designated/principal	l office:
3020 GARRITY BLVD NO	AMPA.JO. E	33687	
(Street Address)	,	·	
(Mailing Address, if different than street address)			
3. The name and complete street address	s of the registere	d agent:	
STEVE WALLACE	BODO CARRY	TH RIVA NAME	21 70
(Name)	(Street Address)	TY BLVO NAME	83682
			22.57
4. The name and address of at least one	member or mana	ager of the limited lia	bility
company:			. VI
Name	10.00	Address TNUT 35 · NAMPA	-
STOVE WALLACE	118 5 - 21125	THUT ST. NAMYA	10.83686
			<u> </u>
			<u> </u>
	•		
5. Mailing address for future corresponde		· -	
3020 CARRITY BLVD NAMPA.	. HD. 83681	2	
			<del> </del>
6. Future effective date of filing (optional)			,
Signature of organizer(s). (An organizer is a me	ember, or is		
acting in behalf of a member or members).		Secretary of State use	only
Signature - Change	C.P.M.D	·	•
Typed Name: STELL WALLACE			
Typod Number	as Coeff	IDAHO SECRETO 03/03/20	ARY OF STATE
Signature	07/200	CK: 3162 CT: 2454 1 8 189-80 = 180	178 BH: 1218634
Signature Typed Name:	g:toorpitomstLLC formstcert_org_fic.PMD Revised 07/2008	1 8 20.00 = 20.0	DE EXPEDITE C 0 3
Typed Name:		, ,0	1105
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