



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE
10 APR 26 AM 8:48

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Sunset Repair LLC

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

1780 North Corbin Rd. Post Falls, ID 83854

(Street Address)

(Mailing Address, if different than street address)

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

Dennis Kenny

(Name)

1780 North Corbin Rd. Post Falls, ID 83854

(Street Address)

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

Name

Address

Dennis Kenny

1780 North Corbin Rd Post Falls ID 83854

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

1780 North Corbin Rd. Post Falls, ID 83854

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

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature *Dennis Kenny*

Typed Name: Dennis Kenny

Signature _____

Typed Name: _____

Secretary of State use only

W 92784

IDAHO SECRETARY OF STATE
04/26/2010 05:00
CK: 5374 CT: 247365 BH: 1219292
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