

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

## FILED EFFECTIVE

(Instructions on back of application)

12 MAR 14 PM 2: 16

The name of the limited liab	ility company is:	STATE OF IDAHO	
	American Mobile Auto Repair	A	
	<u>.</u>		
. The complete street and ma	<del>-</del>	ial designated office:	
11134 w Abram Boise, ID 83713			
(Street Address)			
(Mailing Address, if different than street	address)		
. The name and complete stre	et address of the registe	red agent:	
Christopher Pielstick	11134 w Abram Bo	11134 w Abram Boise, ID 83713	
(Name) (Street Address)			
. The name and address of at company:	least one member or ma	anager of the limited liability	
<u>Name</u>		<u>Address</u>	
Christopher Pielstick	11134 w Abram Bo	oise, ID 83713	
. Mailing address for future co	rrespondence (annual re	port notices):	
11134 w Abram Boise, ID 83713			
. Future effective date of filing	(optional):		
gnature of a manager, memerson.	ber or authorized		
gnature Mrs Mi	***	Secretary of State use only	
ped Name: Christopher Pielstick			
ignature		IDAHO SECRETARY OF STATE  93/14/2012 05:00  CK: 932436 CT: 172699 BH: 1315163 1 0 100.00 = 100.00 DRGAN LLC # 2	

W112052

Signature \_\_\_\_\_

Typed Name: