

Signature______

Typed Name: Beth A. Skinner

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

11 OCT 17 AM 9 18

ME

1. The na	ame of the limited liability con	npany is:	SECRETARY OF STATE OF IDA
	Collision Consulting and	Reconstruction, Limited Liability Company	SIAIC OF IDA
4610	omplete street and mailing ad Power Road Ontario, OR 97914	dresses of the initial designated/princip	pal office:
	Address, if different than street address)		
	ame and complete street add	ress of the registered agent:	
Shaw	n Klitch	2036 West Rosten Avenue Nampa, ID 8368	6
(Name)		(Street Address)	
4. The na		ne member or manager of the limited l	iability
·	<u>Name</u>	Address	
Scott	E. Skinner	4610 Power Road Ontario, OR 97914	
Beth A	A. Skinner	4610 Power Road Ontario, OR 97914	
			· •
5. Mailin	g address for future correspor	ndence (annual report notices):	
4610	Power Road Ontario, OR 97914		
6. Future	effective date of filing (option	nal): <u>WA</u>	· · · · · · · · · · · · · · · · · · ·
Signature person.	of a manager, member or	·	
Signature	Sotte SQ	Secretary of State u	ise only
Typed Na	ne: Scott E. Skinner		•

IDAHO SECRETARY OF STATE
10/17/2011 05:00
CK: 8853 CT: 263343 BH: 1294454
1 @ 100.00 = 100.00 ORGAN LLC # 2

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