| CERTIFICATE OF ORGANIZATION<br>LIMITED LIABILITY COMPANY 09 JUL 16 AM 8:                                            | 20                                                                      |
|---------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| (Instructions on back of application)                                                                               |                                                                         |
| 1. The name of the limited liability company is: SECRETARY OF STA                                                   | TE                                                                      |
| SMOKIN DEALS TRUCK PARTS, LLC                                                                                       |                                                                         |
| 2. The complete street and mailing addresses of the initial designated/principal 5525 CALEN LN, POCATELLO, ID 83202 | office:                                                                 |
| (Street Address)                                                                                                    |                                                                         |
| (Mailing Address, if different than street address)                                                                 | · · · · · · · · · · · · · · ·                                           |
| 3. The name and complete street address of the registered agent:                                                    |                                                                         |
| TRAVIS FROEHLICH 5525 CALEN LN, POCATELLO, ID 833                                                                   | 202                                                                     |
| (Name) (Street Address)                                                                                             | -                                                                       |
| 4. The name and address of at least one member or manager of the limited lia company: <u>Name</u> <u>Address</u>    | bility                                                                  |
| TRAVIS FROEHLICH 5525 CALEN LN, POCATELLO, ID 83                                                                    | 202                                                                     |
| 5. Mailing address for future correspondence (annual report notices):                                               |                                                                         |
| 5525 CALEN LN, POCATELLO, ID 83202                                                                                  |                                                                         |
| 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).               | oniv                                                                    |
| Signature RICAHRD BSMITH, ORGANIZER                                                                                 |                                                                         |
| Signature       IDNIG SECR         Typed Name:       07/16/2         Typed Name:       1 1 1 109.89 = 1             | ETARY OF STATE<br>099 05:00<br>11826 BH: 1178963<br>00.89 ORGAN LLC # 1 |
| §                                                                                                                   | 5462                                                                    |

. .