



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2014 JUL 14 AM 9:49

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

John's Auto & Diesel Clinic, LLC.

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

1010 NW 16th Street Fruitland, ID 83619

(Street Address)

(Mailing Address, if different than street address)

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

Treasure Valley Tax Services, Inc. 2400 N. Alder Drive Fruitland, ID 83619

(Name)

(Street Address)

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

<u>Name</u>	<u>Address</u>
Michelle M. Lewis	1010 NW 16th Street Fruitland, ID 83619
John P. Lewis	1010 NW 16th Street Fruitland, ID 83619

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

1010 NW 16th Street Fruitland, ID 83619

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

Signature of a manager, member or authorized person.

Signature Michelle M. Lewis
Typed Name: Michelle M. Lewis

Signature _____
Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
07/14/2014 05:00

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