

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 JUN -9 AM 9: 08

SECRETARY OF STATE

 The name of the limited liability of 	company is:	STATE OF IDAHO
	ALL-MAKES LLC.	
2. The complete street and mailing	addresses of the initial	designated/principal office:
	RDSON AVE. LEWISTON,	ID. 83501
(Street Address)		
(Mailing Address, if different than street address	s)	
3. The name and complete street a	ddress of the registered	d agent:
LAURIE A. ANDREWS	1203 RICHARDS	ON AVE. LEWISTON, ID. 83501
(Name)	(Street Address)	
. The name and address of at leas	t one member or mana	nger of the limited liability
company:		
Name NARK A ANDREWS	4000 5101 145504	Address
MARK A ANDREWS	1203 RICHARDS0	ON AVE. LEWISTON, ID. 83501
		- Armonia de la Carta de la C
Mailing address for future corresp	ondence (annual repo	rt notices):
	RDSON AVE. LEWISTON,	-
Future effective date of filing (opti	ional):	
2	-	was a sign
gnature of organizer(s). (An organizer	is a member or is	
ing in behalf of a member or members).	william of all	· ·
.0 224	9	Secretary of State use only
gnature Jamie a. And	10 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1	
ped Name: LAURIE A. ANDRI	MS/LLC forms/cert_org_lic.PMD	
m/ I	ms/cei	en e
gnature //wk1//k	C for	IDANO SECRETARY OF STATE