

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

In CED SI. AM O

	(Instructions on back	of application	·
1.	The name of the limited liability cor		SECHEL BY OF STATE STATE OF IDAHO
	Mark's Auto Sales		
2. The complete street and mailing addresses of the initial designated/principal office:			e initial designated/principal office:
	(Street Address)	20 Unit	C Ashton, 1D 83420
(Mailing Address, if different than street address)			_
3. The name and complete street address of the registered agent:			gistered agent:
	Mark Averett	2625 S (Street Address	Ammon Rd # 2 Idaho Falls, 10
4. The name and address of at least one member or manager of the limited liability company:			r manager of the limited liability
Name		Address	
	David Averett	2625 s	Ammon Rd # 2 Idaha Falls, 10 8340
	Jonathan Monrell	22659 Ogder	1100 w West Howen apt G204
			
5	Mailing address for future correspor	ndence (annu	al report notices):
J.			
	321 North Highway 20 unit c ashton, 10 83420		
6.	6. Future effective date of filing (optional):		
_	nature of a manager, member or son.	authorized	
•			Secretary of State use only
Tvr	nature <u>muth</u> Avenueth ed Name: <u>Mark Avenett</u>		
') }	TOTAL TOTAL TOTAL		IDAHO SECRETARY OF STATE
Sig	nature		09/24/2010 05:00 CK: 604 CT: 251499 BH: 1240255
	ed Name:	3	1 0 100.00 = 100.00 ORGAN LLC # 2

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