



CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

2014 APR -9 AM 9:16

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

ANDY'S AUTOBODY, LLC

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

509977 HWY 95, BONNERS FERRY, ID 83805

(Street Address)

(Mailing Address, if different than street address)

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

EIVIND FALCK

(Name)

562 BONNER LAKE RD, MOYIE SPRINGS, ID 83845

(Street Address)

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

Name

Address

EIVIND FALCK

562 BONNER LAKE RD, MOYIE SPRINGS, ID 83845

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

509977 HWY 95, BONNERS FERRY, ID 83805

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

Signature of a manager, member or authorized person.

Signature Eivind Falck

Typed Name: EIVIND FALCK

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
04/09/2014 05:00
CK: 1009 CT: 219304 BH: 1419383
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