



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

10 NOV -1 PM 2:36

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

ALPHA AUTO, LLC.

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

7971 W. Marigold St. GARDEN CITY, ID 83214
(Street Address)

P.O. Box 140197 Boise, ID 83714-0197
(Mailing Address, if different than street address)

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

TIMBRE WOLKE
(Name)

7971 W. Marigold GARDEN CITY, ID
(Street Address) 83214

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

Name	Address
<u>TIMBRE WOLKE</u>	<u>7971 W. Marigold St. GARDEN CITY, ID</u> <u>83214</u>
_____	_____
_____	_____
_____	_____

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

P.O. Box 140197 Boise, ID 83714-0197

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

Signature of a manager, member or authorized person.

Signature [Signature]
Typed Name: TIMBRE WOLKE

Signature _____
Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
11/01/2010 05:00
CK: 2900 CT: 189177 BH: 1245459
1 @ 100.00 = 100.00 ORGAN LLC # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

W97571