



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2014 JUN -2 AM 9:35

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

UNIVERSITY COLLISION, LLC

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

215 E. PALOUSE RIVER DRIVE, MOSCOW, ID 83843

(Street Address)

(Mailing Address, if different than street address)

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

CADE KONEN

(Name)

315 S. ALMON, MOSCOW, ID 83843

(Street Address)

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

Name

Address

WESLEY CARSCALLEN

215 E. PALOUSE RIVER DRIVE, MOSCOW, ID 83843

JEFFREY DEMEERLEER

215 E. PALOUSE RIVER DRIVE, MOSCOW, ID 83843

DEWEY WHITING

215 E. PALOUSE RIVER DRIVE, MOSCOW, ID 83843

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

315 S. ALMON, MOSCOW, ID 83843

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: CADE KONEN

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE

06/02/2014 05:00

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100.00 = 100.00 ORGAN LLC #2

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