



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

1. The name of the limited liability company is:

Intergalactic Bicycle Repair L.L.C.

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

263 N. Woodruff Ave Idaho Falls, ID. 83401

(Street Address)

(Mailing Address, if different than street address)

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

Brian Arave

(Name)

1410 S. Lee Idaho Falls, ID. 83404

(Street Address)

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

**Name**

**Address**

Aaron Arave

1410 S. Lee Idaho Falls, ID. 83404

Brian Arave

1410 S. Lee Idaho Falls, ID 83404

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

1410 S. Lee Idaho Falls, ID. 83404

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

*Brian Arave*

Typed Name: Brian Arave

Signature

*Aaron Arave*

Typed Name: Aaron Arave

Secretary of State use only

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02/21/2012 05:00  
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