

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

1. The name of the limited liability company is:

10 AUG 30 AM 8: 55

SECRETARY OF STATE STATE OF IDAHO

Aı	uto Image Idaho Falls Auto Sales LLC
The complete street and ma	ailing addresses of the initial designated/principal office:
965 E Lincoln Idaho Falls ID 834	401
(Street Address)	
(Mailing Address, if different than street	address)
3. The name and complete stre	eet address of the registered agent:
Ryan Neal Carter	1205 Moonstone Idaho Falls ID 83401
(Name)	(Street Address)
4. The name and address of a company:	t least one member or manager of the limited liability
<u>Name</u>	<u>Address</u>
Erin Christine Carter	1205 Moonstone Idaho Falls ID 83401
Ryan Neal Carter	1205 Moonstone Idaho Falls ID 83401
	orrespondence (annual report notices):
965 E Lincoln Idaho Falls ID 834	401
C. Future effective data of filing	r (antional):
6. Future enective date of ming	g (optional):
· .	about or authorized
Signature of a manager, men person.	inper or authorized
	Secretary of State use only
Signature	
Typed Name: Ryar Carter	
Signature	IDANO SECRETARY OF STATE
Typed Name:	CK: 5624 CT: 186288 BH: 12367

cert_org_lic Rev. 07/2010

1 8 100.00 = 100.00 ORGAN LLC # 2 1 9 20.00 = 20.00 EXPEDITE C # 3

W95968