

Signature_

Typed Name:

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

09 NOV 19 AM 8: 13

FILED EFFECTIVE

(Instructions on back of application)

SECRETARY OF STATE

1.	The name of the limited liability company	is:	STATE OF IDAHO
	Ford NOS	Parts, LLC	
2.	The complete street and mailing addresses of the initial designated/principal office: 3270 E 17th St #213, Ammon, ID 83406		
	(Street Address)		
	(Mailing Address, if different than street address)		
3.	The name and complete street address of the registered agent:		
	Nathan Summers	4130 Wanda St, Ami	mon, ID 83406
	(Name) (Street	(Street Address)	
4.	The name and address of at least one mer company:	nber or manager of th	ne limited liability
··.	Name	Addres	-
	Nathan Summers	4130 Wanda St, Ammon, ID 83406	
ar.			
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	•		
5.	Mailing address for future correspondence (annual report notices):		
	4130 Wanda St, Ammon, ID 83406		
6	Eutura offactive data of filing (antional):		
U.	Future effective date of filing (optional):		
_	nature of organizer(s). (An organizer is a membe	, or is	
actir	ng in behalf of a member or members).	Secr	etary of State use only
Sim	nature Wathen Summer		
_	ned Name: Nathan Summers	- Jos	TO ALLE MANAGEMENT
γþ	CU Name.	ormakeert_org_lic.PMD	11/19/2009 05:200 CK: 5885 CT: 242387 BH: 11959