

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

2013 OCT 24 AM 8: 52 (Instructions on back of application)

The name of the limited liab Automap, LLC	oility company is:	SECRETURY OF STATE STATE OF IDAHO	
 The complete street and ma 210 N. Division Street, Kellogg, 	iling addresses of the initi	al designated office:	
(Street Address)			
(Mailing Address, if different than street	address)		
3. The name and complete stre	eet address of the register	red agent:	
H. James Magnuson	1250 Northwood Ce	enter Ct., Coeur d'Alene, ID 83814	
(Name)	(Street Address)		
The name and address of at company:	least one member or mar	nager of the limited liability	
<u>Name</u>		<u>Address</u>	
Kenneth Smith	210 N. Division Stre	210 N. Division Street, Kellogg, ID 83837	
			
			
5 Moiling address for factors			
 Mailing address for future cor 210 N. Division Street, Kellogg, ID 	respondence (annual rep	ort notices):	
210 14. Division Street, Reliogg, 10			
6. Future effective date of filing	(ontional):		
in a sure of the sure of thing	(Орионаі).		
ignature of a manager, meml	ser or authorized		
erson.	oci oi autilonzeu		
ignature		Secretary of State use only	
yped Name: H. James Magnuson,	Agent		
gnature		IDAHO SECRETARY OF STATE 10/24/2013 05:00	
vped Name:		10/24/2013 05:00 CK: 24425 CT: 6160 BH: 1395216	

W 130478