

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

## FILED EFFECTIVE

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(Instructions on back of application)		SEC PARRION OF ME STATE OF MANO
1. The name of the limited liability	company is:	7 7 7 12 W 12 WY
Same Day Appliance Repair LLC		
2. The complete street and mailing 414 Shoup Idaho Falls Idaho 83405	addresses of the initial	designated office:
(Street Address) Po box 906 Caldwell Idaho 83606 (Mailing Address, if different than street address)	ss)	
<ol><li>The name and complete street a</li></ol>	iddress of the registered	d agent:
Bryan Smith	414 Shoup Idaho Falls Idaho 83405	
(Name)	(Street Address)	
<ol> <li>The name and address of at least company:</li> </ol>	st one member or mana	
<u>Name</u> Steve Smith	Po Box 906 caldwell	Address
Steve Silliui	- PO BOX 900 Caldwell	103110 03000
	<u> </u>	
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5. Mailing address for future corres	pondence (annual repo	ort notices):
PO Box 906 Caldwell Idaho 83606		
6. Future effective date of filing (op	otional):	
• • •		
signature of a manager, member	or authorized	
erson.	or additionized	
	<del>-</del>	Secretary of State use only
ignature		IDAHO SECRETARY OF STATE
yped Name: Steve Smith		05/22/2014 05:00 CK:CASH CT:297131 BH:142579
	l l	100.00 = 100.00 ORGAN LLC
Signature	\	
Typed Name:		W13811do