

Typed Name: \_\_\_\_\_

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

(Instructions on back of application)

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FILED EFFEC	
, EC	TIVE
10 MAY 27	AM 8: 45

1.	The name of	the limited liability company	is:

i. The name of the limited liability co	mpany is:		SECRETAP	Y OF
Twin	Falls Hot Rod Shop	LLC	STATE (	OF IU
2. The complete street and mailing ac	Idresses of the in	itial designated	/principal offic	 :e:
446 Shosho	one St. W. Twin Falls		• •	
(Street Address)				
(Mailing Address, if different than street address)			·	
3. The name and complete street add	ress of the regist	ered agent:		
Christopher Teague		446 Shoshone St.	W. Twin Fall	s ID
(Name)	(Street Address)	······································		3301
. The name and address of at least o company:	one member or m	anager of the li	mited liability	
Name		Address		•
Anne Patterson	446 Shoshone	St W Twin Fal	ls ID 83301	· .
Christopher Teague	11	H	11	Y
			- 19th	
		<u>-</u> -		
		WW		
			· · · · · · · · · · · · · · · · · · ·	
Mailing address for future correspon				
446 Shosho	ne St. W. Twin Falls	ID 83301		
Future effective date of filing (option	ai):		4. · · · · · · · · · · · · · ·	
	·		***	
nature of organizer(s). (An organizer is a	member, or is		•	
ing in behalf of a member or members).		Sacratory	of State use only	· · · · · ·
inature Section 1		· ·	. Come use tray	•
ped Name: Christopher Teague	LC formstoort_ong_le.PMD	.:		
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		95/2	27/2010 6	5 . 06

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