



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

11 MAY 23 AM 9:51

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Leffler Trailer Repair, LLC

2. The complete street and mailing addresses of the initial designated/principal office:

501 S. Kit, Caldwell, ID 83605

(Street Address)

501 S. Kit, Caldwell, ID 83605

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

Garon Leffler

501 S. Kit, Caldwell, ID 83605

(Name)

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

Name

Address

Garon Leffler

501 S. Kit, Caldwell, ID 83605

5. Mailing address for future correspondence (annual report notices):

501 S. Kit, Caldwell, ID 83605

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature

Typed Name: Garon Leffler

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
05/23/2011 05:00
CK: 3272 CT: 259001 BH: 1274839
1 @ 100.00 = 100.00 ORGAN LLC # 2

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