

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2014 AUG - 1 PM 2: 08

SECRETARY OF STATE STATE OF IDAHO

1.	The name of the limited liability company is:		
	A.B.C. LATINO TAXI L.L.C		
2.	The complete street and mailing addresses of the initial designated office: 3229 E GRANITE CREEK AVE. NAMPA ID 83636 (Street Address)		
	(Mailing Address, if different than street address)		
3.	The name and complete street address of the registered agent:		
	DAVID SMITH		DERAL WAY BOISE ID 83705
	(Name)	(Street Addres	is)
4.	he name and address of at least one member or manager of the limited liability ompany:		
	Name DAVID M SMITH	Address 1707 S FEDERAL WAY, BOISE ID 83705	
	JULIO C SANCHEZ	3229 E GRANITE CREEK AVE NAMPA ID 83636	
		<u> </u>	
_	Mailing address for fishing assumen	andanas (ana	ual rapart nationa):
ວ.	 Mailing address for future correspondence (annual report notices): 3229 E GRANITE CREEK AVE 83686 NAMPA ID 		
6.	Future effective date of filing (opti	onal):	
•	inature of a manager, member or son.	or authorized	
pei	140 8		Secretary of State use only
Signature DAVID MEMITH 1DAHO SECRETARY OF STATE 08/01/2014 05:00			
۱y	ped Name: DAVID M MITH		CK:2006 CT:278851 BH:1435720
Sig	nature / Comme		10 100.00 = 100.00 ORGAN LLC #:
_	ped Name: JULIO E SANCHEZ		W140754

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