



0004720979

**STATE OF IDAHO**

Office of the secretary of state, Lawrence Denney

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

Idaho Secretary of State

PO Box 83720

Boise, ID 83720-0080

(208) 334-2301

Filing Fee: \$100.00

For Office Use Only

**-FILED-**

File #: 0004720979

Date Filed: 4/30/2022 11:33:53 AM

| Certificate of Organization Limited Liability Company  |   |      |         |                   |                                       |
|--|---|------|---------|-------------------|---------------------------------------|
| Select one: Standard, Expedited or Same Day Service (see descriptions below)      Standard (filing fee \$100)  |   |      |         |                   |                                       |
| 1. Limited Liability Company Name  |   |      |         |                   |                                       |
| Type of Limited Liability Company  | Limited Liability Company   |      |         |                   |                                       |
| Entity name  | Prussic Repair LLC  |      |         |                   |                                       |
| 2. The complete street address of the principal office is:   |   |      |         |                   |                                       |
| Principal Office Address   | 3570 W ELK DR<br>POST FALLS, ID 83854   |      |         |                   |                                       |
| 3. The mailing address of the principal office is:   |   |      |         |                   |                                       |
| Mailing Address  | 3570 W ELK DR<br>POST FALLS, ID 83854-9371  |      |         |                   |                                       |
| 4. Registered Agent Name and Address   |   |      |         |                   |                                       |
| Registered Agent   | Registered Agent<br>Matthew A Prussic<br>Physical Address:<br>3570 W ELK DR<br>POST FALLS, ID 83854<br>Mailing Address:<br>3570 W ELK DR<br>POST FALLS, ID 83854-9371 |      |         |                   |                                       |
| <input checked="" type="checkbox"/> I affirm that the registered agent appointed has consented to serve as registered agent for this entity.                                     |   |      |         |                   |                                       |
| 5. Governors   |   |      |         |                   |                                       |
| <table border="1"><thead><tr><th>Name</th><th>Address</th></tr></thead><tbody><tr><td>Matthew A Prussic</td><td>3570 W ELK DR<br/>POST FALLS, ID 83854</td></tr></tbody></table> |   | Name | Address | Matthew A Prussic | 3570 W ELK DR<br>POST FALLS, ID 83854 |
| Name   | Address   |      |         |                   |                                       |
| Matthew A Prussic  | 3570 W ELK DR<br>POST FALLS, ID 83854   |      |         |                   |                                       |
| Signature of Organizer:  |   |      |         |                   |                                       |
| <u>matthew prussic</u>   | <u>04/30/2022</u>   |      |         |                   |                                       |
| Sign Here  | Date  |      |         |                   |                                       |

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