

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

11 JUL 14 PM 12: 33

SECRETARY OF STATE

| 1. The name of the limited liability | STATE OF IDAHO |
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| 1. The name of the limited liability | |
| | Move Wheels 1(C. |
| The complete street and mailing 2951 E. Autumn Way Meridian, Idaho | addresses of the initial designated/principal office: 583642 |
| (Street Address) | |
| (Mailing Address, If different than street address | |
| 3. The name and complete street a | address of the registered agent: |
| Joel Hess | 2951 E. Autumn Way Meridian, Idaho 83642 |
| (Name) | (Street Address) |
| company: | st one member or manager of the limited liability |
| <u>Name</u> | Address |
| Joel Hess | 2951 E. Autumn Way Meridian, Idaho 83642 |
| Julie Hess | 2951 E. Autumn Way Meridian, Idaho 83642 |
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| | |
| E Mailine address for fathers as well | annual annual annual annual annual |
| • | spondence (annual report notices): |
| 2951 E. Autumn Way Meridian, Idaho |) 63042 |
| 6. Future effective date of filing (op | otional): |
| | |
| Signature of a manager, member | of authorized |
| person. | Secretary of State use only |
| Signature | |
| Typed Name: Joel Hess | |
| Typod Harrio. | IDAHO SECRETARY OF STATE |
| Signature Like Line | 07/14/2011 05:00 CK: 5848 CT: 268666 BH: 1282465 |
| Typed Name: Julie Mess | 1 P 100.90 = 100.00 ORGAN LLC # |

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