



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2014 AUG 27 AM 8:41

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Max Torch Repair LLC

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

3539 S Koester Rd Idaho Falls, ID 83402

(Street Address)

(Mailing Address, if different than street address)

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

Charlotte Pottorff

(Name)

3539 S Koester Rd Idaho Falls, ID 83402

(Street Address)

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

Name

Address

Steve Pottorff

3539 S Koester Rd Idaho Falls, ID 83402

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

3539 S Koester Rd Idaho Falls, ID 83402

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

Signature of a manager, member or authorized person.

Signature

Typed Name: Charlotte Pottorff

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE

08/27/2014 05:00

CK:136 CT:300507 BH:1439004

1@ 100.00 = 100.00 ORGAN LLC #2

1@ 20.00 = 20.00 EXPEDITE C #3

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