



ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

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1. The name of the limited liability company is:

Smith's Repair Service, LLC

2. The street address of the initial registered office is:

685 NW Main Blackfoot, ID 83221

and the name of the initial registered agent at the above address is:

Pete Smith

3. The mailing address for future correspondence is:

685 NW Main Blackfoot, ID 83221

4. Management of the limited liability company will be vested in:

Manager(s) ☐ or Member(s) ☒ (please check the appropriate box)

5. If management is to be vested in one or more manager(s), list the name(s) and address(es) of at least one initial manager. If management is to be vested in the member(s), list the name(s) and address(es) of at least one initial member.

| Name | Address |
|-------------------------|--|
| <u>Julie Beauregard</u> | <u>272 E Jackson Blackfoot, ID 83221</u> |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

6. Signature of at least one person responsible for forming the limited liability company:

Signature: *Pete Smith*

Typed Name: Pete Smith

Capacity: _____

Signature _____

Typed Name: _____

Capacity: _____

Secretary of State use only

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01/21/2004 05:00
CK: 2466 CT: 175862 DH: 722749
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