

FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

11 FEB 25 AM 8:44

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Auto Relocation Services, LLC

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

91 E 155 S.

(Street Address)

Malad, ID 83252

(Mailing Address, if different than street address)

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

Natalie Walton

(Name)

91 E. 155 S. Malad, ID 83252

(Street Address)

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

NameAddressRyan T. Walton91 E. 155 S. Malad, ID 83252

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

91 E. 155 S. Malad ID 83252

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

Signature of a manager, member or authorized person.

Signature Natalie WaltonTyped Name: Natalie Walton

Signature _____

Typed Name: _____

Secretary of State use only

 IDAHO SECRETARY OF STATE
 02/25/2011 05:00
 CK: 141 CT: 255982 BH: 1261557
 1 @ 100.00 = 100.00 ORGAN LLC # 2

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