



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2013 MAR -4 AM 9:57

(Instructions on back of application)

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Mortensen Auto LLC

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

1910 53rd Ave Post Falls, Id 83854

(Street Address)

P O Box 3335, Post Falls, Id 83877

(Mailing Address, if different than street address)

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

Cody Mortensen

(Name)

1910 53rd Ave, Post Falls, Id 83854

(Street Address)

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

NameAddress

Cody Mortensen

1910 53rd Ave, Post Falls, Id 83854

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

P O Box 3335, Post Falls, Id 83877

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature Cody MortensenTyped Name: Cody Mortensen

Signature \_\_\_\_\_

Typed Name: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE  
03/04/2013 05:00  
CK: 101 CT: 200139 BH: 1362799  
1 @ 100.00 = 100.00 ORGAN LLC # 2

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