



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

**FILED EFFECTIVE**

**2015 DEC 21 AM 9:53**

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

ROGERS MOBILE LUBE LLC

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

317 E. CORNELL DRIVE, MERIDIAN, ID 83646

(Street Address)

317 E. CORNELL DRIVE, MERIDIAN, ID 83646

(Mailing Address, if different than street address)

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

RILEY ROGERS

(Name)

317 E. CORNELL DRIVE, MERIDIAN, ID 83646

(Street Address)

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

Name

Address

RILEY ROGERS

317 E. CORNELL DRIVE, MERIDIAN, ID 83646

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

317 E. CORNELL DRIVE, MERIDIAN, ID 83646

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of a manager, member or authorized person.

Signature

Typed Name: RILEY ROGERS

Signature

Typed Name:

Secretary of State use only  
IDAHO SECRETARY OF STATE

12/21/2015 05:00

CK:3401 CT:311518 BH:1505119  
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