



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2013 AUG 19 PM 3:05

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

NOMAD GLASS LLC

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

4860 W. CHINDEN BLVD

(Street Address)

BOISE, ID. 83714

(Mailing Address, if different than street address)

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

RICHARD VALENTINE

(Name)

SAME AS ABOVE

(Street Address)

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

Name

Address

~~RICHARD VALENTINE~~

INTERMOUNTAIN AUTO GLASS INC. 4860 W. CHINDEN BLVD BOISE 83714

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

4860 W. CHINDEN BLVD BOISE, ID 83714

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

Signature of a manager, member or authorized person.

Signature

Typed Name: RICHARD VALENTINE

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
08/19/2013 05:00
CK: 11451 CT: 206577 BH: 1306630
1 @ 100.00 = 100.00 ORGAN LLC # 2

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