

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

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SECRETARY OF STATE STATE OF IDAHO

1.	The name of the limited liability comp	oany is:	STATE OF IDAHO	
	Buckendorf Auto Glass Repair LLC			
2.	The complete street and mailing addresses of the initial designated/principal office:			
	7127 W Colt Dr. Boise, ID 83709			
	(Street Address)			
	(Mailing Address, if different than street address)			
3.	The name and complete street address of the registered agent:			
	Phil Buckendorf	7127 W Colt Dr.	Boise, ID 83709	
	Name) (Street Address)			
4.	The name and address of at least one member or manager of the limited liability company:			
	Name	<u>Address</u>		
	Phil Buckendorf	7127 W Colt Dr. Boise, ID 83709		
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5.	Mailing address for future correspond	lence (annual report noti	ces):	
	7127 W Colt Dr. Boise, ID 83709			
6.	Future effective date of filing (optional	l):		
Signature of organizer(s). (An organizer is a member, or is				
acti	ng in behalf of a member or members).		Secretary of State use only	
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