

FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 OCT -4 AM 11:10

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Travis Hutchison Repair LLC

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

25080 Batt Corner Road, Parma, ID 83660

(Street Address)

25080 Batt Corner Road, Parma, ID 83660

(Mailing Address, if different than street address)

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

Travis Hutchison

(Name)

25080 Batt Corner Road, Parma, ID 83660

(Street Address)

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

NameAddress

Travis Hutchison

25080 Batt Corner Road, Parma, ID 83660

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

25080 Batt Corner Road, Parma, ID 83660

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

Signature of a manager, member or authorized person.

Signature Travis Hutchison
Typed Name: Travis Hutchison

Secretary of State use only

Signature _____
Typed Name: _____

IDAHO SECRETARY OF STATE
10/04/2010 05:00
CK: 4905 CT: 102828 BH: 1241581
1 @ 100.00 = 100.00 ORGAN LLC # 2

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