

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

(Instructions on back of application)

## **FILED EFFECTIVE**

1. The name of the limited liability company is:

2016 JAN 19 AM 10: 32

	and the second s
Mike's Performance Auto	SECRETARY OF STATE
2. The complete street and mailing 406 Pine Street	addresses of the initial designated office:
(Street Address) Grangeville, ID 83530	
(Mailing Address, if different than street addres	ss)
3. The name and complete street a	address of the registered agent:
Mike Suhr	107 ES 7th St. Grangeville ID 83530
(Name)	(Street Address)
<ol> <li>The name and address of at least company:</li> </ol>	st one member or manager of the limited liability
<u>Name</u> Mike Suhr	<u>Address</u> 107 E S 7th St. Grangeville ID 83530
<ol> <li>Mailing address for future corres 406 Pine Street, Grangeville, ID 8350</li> </ol>	
400 Fille Street, Grangeville, 10 635.	30
6. Future effective date of filing (op	itional).
5. Future enective date or ming (op	tional).
ignature of a manager, member	or authorized
erson.	
,	Secretary of State use only
ignature Mike Suhr	IDAHO SECRETARY OF STATE
yped Name: Mike Sunr	01/20/2016 05:00
	CK:1574 CT:319138 BH:150937 16 100.00 = 100.00 ORGAN LLC
ignature	·
yped Name:	$ \left( 0 \right) \left( 1002$

W161003