

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

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	CERTIFICATE OF C	MOANIZATION OF THE
	(Instructions on back	of application)
1.	The name of the limited liability com	/YA // A:
	A	EXPRESS LLC
2.	The complete street and mailing add 1126 TRAIL CREST RD	resses of the initial designated office:
	(Street Address) TWIN FALLS, ID 83301	
a -	(Mailing Address, if different than street address)	
J.	The name and complete street addre	ss of the registered agent:
	MUROD SHARAFOV (Name)	1126 TRAIL CREST RD TWIN FALLS, ID 83301 (Street Address)
	The name and address of at least or company:	e member or manager of the limited liability
	<u>Name</u>	Address
	MUROD SHARAFOV	1126 TRAIL CREST RD TWIN FALLS, ID 83301
5. 1	Mailing address for future correspond 1126 TRAIL CREST RD TWIN FALLS, ID	
6. F	uture effective date of filing (option	ai):
	ature of a manager, member or	authorized
perso		Secretary of State use only
Sign	ature) Murod Sharafo	<u>V</u>
Type	d Name: MUROD SHARAFOV	
Sian	ature	IDAHO SECRETARY OF STATE 66/21/2012 65:00 CK: 178 CT: 271666 BH: 1329255
	d Name:	1 9 100.00 = 180.00 ORGAN LLC # 2

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