



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

11 MAY 31 PM 1:50

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Transpect Solutions, LLC

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

705 7th Avenue Nezperce Id 83543

(Street Address)

P.O. Box 264 Nezperce ID 83543

(Mailing Address, if different than street address)

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

Brian C. Miller

(Name)

705 7th Avenue, Nezperce, ID 83543

(Street Address)

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

Name

Address

Brian C. Miller

705 7th Avenue, Nezperce, ID 83543

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

P.O. Box 264, Nezperce, ID 83543

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Brian C. Miller

Typed Name: Brian C. Miller

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE
05/31/2011 05:00
CK: NO CHECK # CT: 259322 DH: 1276886
1 @ 100.00 = 100.00 ORGAN LLC # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

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