

CERTIFICATE OF ORGANIZATION LED EFFECTIVE LIMITED LIABILITY COMPANY

2011 JAN 21 PM B: 30

1	(Instructions on back of application)	STURE PARTS
1.	. The name of the limited liability company is:	STATE OF ID:
	INTERMOUNTAIN TRUCK CONSULTING, L	LC
2.	The complete street and mailing addresses of the initial designation of the	gnated/principal office:
	PO BOX 5184 TWIN FALLS, ID.83303 (Mailing Address, if different than street address)	
3.	The name and complete street address of the registered agent:	
	SHAWN ALLEN 451 EASTLAND DR. STE 10 (Name) (Street Address)	C TWIN FALLS, ID. 83301
4.	The name and address of at least one member or manager of the limited liability company:	
		iress.
	SHAWN ALLEN 451 EASTLAND DR. STE 1	CTWIN FALLS, ID. 83301
5	Mailing address for future company and an a farmural service	
Ð.	 Mailing address for future correspondence (annual report noting PO BOX 5184 TWIN FALLS, ID. 83301 	ces):
	PO BOX 5184 TWIN FALLS, ID. 83301	
6.	Future effective date of filing (optional):	
_	gnature of a manager, member or authorized	
•		Secretary of State use only
-	gnature Odo	
Тур	ped Name: SHAWN ALLEN	
Sigr	gnature	
	ped Name:	IDAHO SECRETARY OF STATE
		01/21/2011 05:00 : 589457 CT: 172999 BH: 1256468
	cert_org_ &c Rev. 07/2010	B 188 RE = 189 AG (POCAL) I C # 2

1 8 20.00 = 20.00 EXPEDITE C # 3