

LIMITED LIABILITY COMPANY AM 8: 36 (Instructions on back of application) **ARTICLES OF ORGANIZATION**

The name of the limited liability Afterhaul, LLC	company is:	TO STATE OF IDAHO
 The street address of the initial 2250 N. Meridian Rd 	registered office is:	
and the name of the initial regist	tered agent at the above	e address is:
3. The mailing address for future of P.O. Box 443 Meridian, ID 83	-	
4. Management of the limited liabil	ity company will be ves	ted in:
Manager(s) or Member(s	(please check the a	ppropriate box)
 If management is to be vested in address(es) of at least one initial member(s), list the name(s) and 	al manager. If managem	nent is to be vested in the
Name		Address
Jonathan Plummer	2250 N. Meridia	an Rd. Meridian, ID 83642
6. Signature of at least one persor	responsible for forming	g the limited liability company:
Signature: Typed Name: Jonathan Plumme Capacity: Owner	JE	Secretary of State use only
Signature	; Y <u>9</u>	IDANO SECRETARY OF STATE 12/16/2003 05=0 CK: 1625 CT: 175841 BH: 7169 1 0 100.00 = 100.00 ORGAN LLC
Capacity:	P. P	T E TORING - TARIAN THEM.