

CERTIFICATE OF ORGANIZATIONFILED EFFECTIVE LIMITED LIABILITY COMPANY

11 800

	(Instructions on back of application)
1.	The name of the limited liability company is: Haulin (2 rass LLC Story OF STATE
2.	The complete street and mailing addresses of the initial designated/principal office:
	11321 Chapin Ave, Boise, FD, 83709 (Street Address)
	(Mailing Address, if different than street address)
3.	The name and complete street address of the registered agent:
	Harlin L. Coarrett # 11321 Chapin Ave, Boisc, FD, 83709 (Name) (Street Address)
4.	The name and address of at least one member or manager of the limited liability company:
	Harlin L. Gamett F 11321 Chapin Lue, Boise, FD, 83709
5 .	Mailing address for future correspondence (annual report notices):
	11321 Chapin tue, Boise, FD, 83709
6.	Future effective date of filing (optional):
Signature of a manager, member or authorized person.	
Sim	Secretary of State use only
_	ed Name: Harlin L. Gamett #
Sigi	nature
	ed Name: IDAHO SECRETARY OF STATE

cert_org_fic Rev. 07/2010

04/06/2011 05:00 CK: 1315 CT: 257432 BH: 1267862 1 9 188.08 = 188.00 ORGAN LLC # 2 1 9 28.08 = 28.06 EXPEDITE C # 3