



## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY 11 MAY -3 PM 3:53

(Instructions on back of application)

		SEUKETARY OF STATE
1.	The name of the limited liability cor	mpany is: STATE OF IDAHO
		J L D Trucking LLC
2.	The complete street and mailing ad 10785 Pipevine Dr	Idresses of the initial designated/principal office:
	(Street Address) Nampa ID 83687	
	(Mailing Address, if different than street address)	
3.	The name and complete street address of the registered agent:	
	Justin Kris Dennis	10785 Pipevine Dr, Nampa ID 83687
	(Name)	(Street Address)
4.	The name and address of at least one member or manager of the limited liability company:	
	Name	<u>Address</u>
	Justin Kris Dennis	10785 Pipevine Dr, Nampa ID 83687
5.	Mailing address for future correspondence (annual report notices): PO Box 9028, Nampa ID 83687	
6.	Future effective date of filing (option	nal):
_	nature of a manager, member or son.	r authorized
•	nature Jus	Secretary of State use only
Тур	ped Name Manager	
Sig	nature	IDAHO SECRETARY OF STATE
_	ped Name:	03/03/2011 G5.G0

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