

person.

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)



The name of the limited liabilit	Renner Trucking, LLC	SECRE BY OF STATE STATE OF IDAHO
The complete street and mailin	ng addresses of the initia	al designated/principal office:
500 Rimrock Drive	.9	
(Street Address) St. Maries , ID 83861		
(Mailing Address, if different than street add	Iress)	
The name and complete street	t address of the register	ed agent:
Chad Renner	500 Rimrock Drive,	St. Maries ID 83861
(Name)	(Street Address)	
company: <u>Name</u>		Address
company:		
		Address
company: <u>Name</u>	500 Rimrocl	Address
Name Chad Renner	500 Rimrocl	Address EDrive St Maries II
Name Chad Renner	Soo Rimrocl	Address EDrive St Maries II
Name Chad Renner Mailing address for future corre	espondence (annual rep	Address EDrive St Maries II

Secretary of State use only

Signature Owner/Operator

Signature _____

Typed Name:

Signature of a manager, member or authorized

IDAHO SECRETARY OF STATE

03/30/2011 05:00

CK: 5498 CT: 257178 BH: 1266815
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