

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

10 JUL 15 PM 1:36

SECRETARY OF STATE (Instructions on back of application)

| ,, | STATE OF IDAHO |
|---|--|
| The name of the limited liability | company is: |
| WH | ITE FAMILY HAULERS, LLC |
| . The complete street address, an principal office: | d mailing address if different, of the initial designated/ |
| 14(| 77 Lauren Lane Filer,ID,83328 |
| . The name of the commercial reg address of the non-commercial r | istered agent; or the name and complete street egistered agent: |
| Corporation Service Com | pany, 1401 Shoreline Drive, Suite 2, Boise, ID 83702 |
| . The name and address of at least company: Name | st one member or manager of the limited liability Address |
| AARON WHITE | 1407 LAUREN LANE. FILER ID 83328 |
| . Mailing address for future corres | spondence (annual report notices): |
| - | 07 Lauren Lane Filer,ID,83328 |
| 3. Future effective date of filing (op | tional): |
| ignature of an organizer(s). (An orga r is acting in behalf of a required, and exist | |
| ignature Signature | Secretary of State use only |
| yped Name: Sylvia Sanchez Schuler, Corporation Services | Scistant Secretary, Secretary, Secretary of Stationary Secretary of Stationary Secretary of Stationary Secretary of Stationary Secretary |
| Signature | IDAHO SECRETARY OF STATI |
| Гуреd Name: | 97/15/2010 05: |

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