

CERTIFICATE OF ORGANIZATION

(Instructions	s on back of application)	SECT BY OF STATE STATE OF IDAHO	
1. The name of the limited lia	ability company is:	OF IDAHO	
	Highway 30 Towing L.L.C	D .	
2. The complete street and m 21388 Hwy 30 Twin Falls, ID 8		tial designated/principal office:	
(Street Address) 2302 E. 4100 N. Filer, ID 8332	8		
(Mailing Address, if different than street	et address)		
3. The name and complete st	reet address of the registe	ered agent:	
Timothy Killinger	2302 E. 4100 N. Fi	2302 E. 4100 N. Filer, ID 83328	
(Name)	(Street Address)	(Street Address)	
The name and address of a company:	at least one member or ma	anager of the limited liability	
Name		Address	
Timothy Killinger	2302 E. 4100 N. Filer, ID 83328		
,			
			
5. Mailing address for future o	orrespondence (annual re	port notices):	
2302 E. 4100 N. Filer, ID 83328		:	
Future effective date of filin	g (optional):		
Signature of a manager, mei	mber or authorized		
person.		Secretary of State use only	
Signature		,	
Typed Name: Timothy Killinger			
· · · · · · · · · · · · · · · ·			
Signature		IDAHO SECRETARY OF STATE 04/21/2011 05:0	
yped Name:		CK: 606626238 CT: 204267 BH: 1 1 0 100.00 = 100.00 ORGAN LLC	
		1 0 20.00 = 20.00 EXPEDITE	

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