

CERTIFICATE OF ORGANIZATION

FILED EFFECTIVE

		IMITED LIABII	LITY COMPANY	10 JAN -4 AM-9: 15						
\$	ST)	(Instructions on b	ack of application)	SECRETARY OF STATE						
1.	The name	e of the limited liability	company is:	STATE OF IDAHO						
	High Plains Propane, LLC									
2.	The complete street and mailing addresses of the initial designated/principal office:									
	59 West Main Street, Dubois, Idaho 83423									
	(Street Address) P.O. Box 235, Dubois, Idaho 83423									
	(Mailing Add	(Mailing Address, if different than street address)								
3.	The name and complete street address of the registered agent:									
	·	Randy L. Méad	59 West Main Street, Dubo	59 West Main Street, Dubois, Idaho 83423						
	(Name)		(Street Address)							
4	The name and address of at least one member or manager of the limited liability									
₹.	company:		at the member of manager of the	The transition of the transiti						
		<u>Name</u>	Address	Address						
		Randy L. Mead	59 West Main Street, P.O. Box 2	35, Dubois, ID 83423						
		i. Kanada katangan dari								

5.	Mailing address	for future	correspondence	(annual	report	notices):
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P.Q. Box 235, Dubois, Idaho 83423

6. Future effective date of filing (optional):

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature ___

Typed Name: Randy L. Mead

Signature Typed Name:

Secretary of State use only