

## ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

## FILED EFFECTIVE

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(Instructions on back of application)

(IIIstructions on back	or approaution,	SECRETARY OF STATE
	any is:	STATE OF IDAHO
	ered office is:	
and the name of the initial registered a	agent at the above address	sis:
The mailing address for future corresp 2307 Lynx Way, Boise, ld 83705	oondence is:	
Management of the limited liability cor	mpany will be vested in:	
Manager(s) v or Member(s)	(please check the appropriate box	0
address(es) of at least one initial man	nager. If management is to l	be vested in the
Name		ddress
Kent Hamilton	2307 Lynx Way, Boise, I	d 83705
Signature of at least one person resp	onsible for forming the limit	ted liability company:
Signature: Land Hamitte	§ S	ecretary of State use only
	rzi georgia de la companya de la com	
Capacity: Manager	- Isologia	
Signature	1/2002	IDAHO SECRETARY OF STATE
	meVILC	08/24/2006 05:00 CK: 894736 CT: 172899 BH: 971670 1 B 188 SR = 188 SR ORGAN LLC #
Capacity:	Og & Web Form	w53791
	The name of the limited liability comp All-Ways Deliveries, LLC  The street address of the initial registred and the name of the initial registered and the mailing address for future correspectatory. Way, Boise, Id 83705  Management of the limited liability company or Member(s)  If management is to be vested in one address(es) of at least one initial marmember(s), list the name(s) and addinate the mailton  Name  Kent Hamilton  Signature of at least one person respectively. Typed Name: Kent Hamilton  Capacity: Manager  Signature  Typed Name: Signature  Typed Name:	The name of the limited liability company is:  All-Ways Deliveries, LLC  The street address of the initial registered office is:  2307 Lynx Way, Boise, Id 83705  and the name of the initial registered agent at the above address Kent Hamilton  The mailing address for future correspondence is:  2307 Lynx Way, Boise, Id 83705  Management of the limited liability company will be vested in:  Manager(s) or Member(s) (please check the appropriate box or more manager), list the address(es) of at least one initial manager. If management is to member(s), list the name(s) and address(es) of at least one initial manager. If management is to member(s), list the name(s) and address(es) of at least one initial manager. If management is to member(s), list the name(s) and address(es) of at least one initial manager. If management is to member(s), list the name(s) and address(es) of at least one initial manager. If management is to member(s), list the name(s) and address(es) of at least one initial manager. If management is to member(s), list the name(s) and address(es) of at least one initial manager. If management is to member(s), list the name(s) and address(es) of at least one initial manager. If management is to be vested in one or more manager(s), list the address(es) of at least one initial manager. If management is to be vested in one or more manager in management is to be vested in one or more manager. If management is to be vested in one or more manager. If management is to be vested in one or more manager. If management is to be vested in one or more manager. If management is to be vested in one or more manager. If management is to be vested in one or more manager. If management is to be vested in one or more manager. If management is to be vested in one or more manager. If management is to be vested in one or more manager. If management is to be vested in one or more manager. If management is to be vested in one or more manager. If management is to be vested in one or more manager. If management is to be vested in on