

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

09 JAN 30 PM 12: 44

The name of the limited liability company is:

SECRETARY OF STATE
STATE OF IDAHO

1.	The name of the limited liability comp	pany is: STATE OF IDAHO	
	MY T	FRANSPORTER LLC	
2.	2. The complete street and mailing addresses of the initial designated/principal office: 221 DAVIS AVE NAMPA,IDAHO 83651		
	(Street Address)		
	(Mailing Address, If different than street address)		
3.	The name and complete street address of the registered agent:		
	RAYMOND G FONSECA	221 DAVIS AVE NAMPA,IDAHO 83651	
	(Name)	(Street Address)	
4.	The name and address of at least one member or manager of the limited liability company:		
	Name Address		•
RAYMOND G FONSECA 221 DAVIS AVE NAMPA,IDAH		221 DAVIS AVE NAMPA,IDAHO 83651	
	GRACIELA N FONSECA	221 DAVIS AVE NAMPA,IDAHO 83651	
5.	Mailing address for future correspond	dence (annual report notices): AVE NAMPA,IDAHO 83651	
			•
6.	Future effective date of filing (optional	al):	<u>. </u>
_	nature of organizer(s). (An organizer is a r	member, or is	
	4	Secretary of State use only	,
Sig	nature / Jaymund 44 oneca	W	
•	Ped Name: RAYMOND G FONSEC IDANO SECRETARY OF STATE 01/28/2009 05:00 CK: 3428 CT: 158810 BH: 11543 1 2 25.80 = 25.60 ORGAN LLC	10 9 01/30/2009 10 CK: 3430 CT: 233669 340 18 75.88 = 75.88	OF STATE 65:60 BH: 1154816 Organ LLC # 2
•	ilataro	This Dear	
ıyp	ped Name:	E	