

CERTIFICATE OF ORGANIZATION (Instructions on back of application) FILED EFFECTIVE 2014 OCT -2 AM 9: 11

	(Instructions on	back of application)
	The name of the limited liabilit	y company is:	SECRETARY OF STATE STATE OF IDAHO
	PARADISE TRUCKING LLC		
	The complete street and mailing addresses of the initial designated office: 5444 E 145TH N UCON ID 83454		
	(Street Address) PO BOX 506 UCON ID 83454 (Mailing Address, if different than street address)	(seen)	
3.	The name and complete street address of the registered agent:		
	JASON D JACKMAN	5444 E 145TH	N UCON ID 83454
	(Name)	(Street Address)	•
	The name and address of at least one member or manager of the limited liability company:		
	<u>Name</u>		Address
	JASON D JACKMAN	5444 E 145TH	N UCON ID 83454
5.	Mailing address for future correction PO Box 506 Ucon ID 8		al report notices):
6.	Future effective date of filing (optional):	
_	nature of a manager, memb	er or authorized	
			Secretary of State use only
	nature 1000 to	Monto	IDAHO SECRETARY OF STATE
Тур	ed Name: JASON D JACKMAN		10/02/2014 05:00 CK:526 CT:262881 BH:144369
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_	nature		10 20.00 = 20.00 EXPEDITE C
Tvn	ed Name [.]	;	

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