		FILED EFF
CERTIFICATE OF ORGANIZ	ATIQN; ANY	IUG - 8 AM 10: 0 I
(Instructions on back of application) The name of the limited liability company is:	SEC S	RETARY OF STATE TATE OF IDAHO
CRUDE DIMENSIONS TRANS	PORT, LLC	
The name of the limited liability company is amended	o read:	
The date the certificate of organization was originally fi	led :	10 May 2013
The complete street and mailing addresses of the des amended to:	gnated pri	ncipal office is
he mailing address for future correspondence (annua	l reports) is	amended to:
he name and address of the managers/members sha <u>Name</u> <u>Address</u>	i be ameno <u>Add</u>	
The name and address of the managers/members sha <u>Name Address</u>	i be ameno <u>Add</u>	led as follows: <u>Delete Other</u>
The name and address of the managers/members sha <u>Name Address</u>	i be ameno <u>Add</u>	led as follows: <u>Delete Other</u>
The name and address of the managers/members sha <u>Name</u> <u>Address</u> Curtis S. Sites 1419 N. Lincoln St., Post Falls, ID 8385 ignature of an authorized person.	i be ameno <u>Add</u>	led as follows: <u>Delete Other</u>
Curtis S. Sites 1419 N. Lincoln St., Post Falls, ID 8385 Signature of an authorized person.	l be amend Add 4 🔲 - 🔲	led as follows: <u>Delete Other</u>
The name and address of the managers/members sha Name Address Curtis S. Sites 1419 N. Lincoln St., Post Falls, ID 8385 ignature of an authorized person.	l be amend Add 4 🔲 - 🔲	led as follows: <u>Delete</u> <u>Other</u> Delete <u>Other</u> <u>Other</u> <u>Other</u> <u>Other</u> <u>Other</u> <u>Other</u>
The name and address of the managers/members sha <u>Name</u> <u>Address</u> Curtis S. Sites 1419 N. Lincoln St., Post Falls, ID 8385 Signature of an authorized person.	l be amend Add 4	led as follows: <u>Delete</u> <u>Other</u> Delete <u>Other</u> <u>Other</u> <u>Other</u> <u>Other</u> <u>Other</u> <u>Other</u>