CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY | 11 0CT -6 PM 1:41

FILED EFFECTIVE

TE FOL	(Instructions on ba	ck of application)	STATE OF IDAHO
1. The na	ame of the limited liability o	ompany is:	STATE OF IDAILO
	LONI	E WOLF TRANSPORT, LLC	
	The complete street and mailing addresses of the initial designated/principal office:		
	Address)		
(Mailing	g Address, if different than street address	5)	
3. The n	ame and complete street ac	ddress of the registered a	gent:
ROBE	ERT LEE ORMISTON	415 E. 44TH #1; BOISE,	ID 83714
(Name		(Street Address)	
4. The na	ame and address of at least	t one member or manage	er of the limited liability
	<u>Name</u>		Address
ROBI	ERT LEE ORMISTON	415 E. 44TH #1; BOISE,	ID 83714
5 Mailin	g address for future corresp	ondonco (annual renort e	notices).
	g address for future corresp E. 44TH #1; BOISE, ID 83714	ongence (annual report i	louces).
6. Future	e effective date of filing (opti	ional):	
Signature person.	e of a manager, member	or authorized	
Signature,	Rapp	2	Secretary of State use only
Typed Na		<u> </u>	
Signature) 	IDAHO SECRETARY OF STATE 19/06/2011 05:00
Typed Na			CK: 13282 CT: 240405 BH: 1293310 1 8 100.00 = 100.00 ORGAN LLC # 3

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