



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2013 OCT 23 AM 10:46

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

1st Class Wheelchair Transportation LLC

2. The complete street and mailing addresses of the initial designated office:

11843 W. Flintlock Dr. Boise Idaho 83713

(Street Address)

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

Trisha Benson

(Name)

11843 W. Flintlock Dr. Boise Idaho 83713

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

Name

Address

Trisha Benson

11843 W. Flintlock Dr. Boise Idaho 83713

5. Mailing address for future correspondence (annual report notices):

11843 W. Flintlock Dr. Boise Idaho 83713

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature

Typed Name: _____

Signature

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
10/23/2013 05:00
CK: 100 CT: 288872 BH: 1395859
1 @ 100.00 = 100.00 ORGAN LLC # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

W130382