

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY FILED EFFECTIVE (Instructions on back of application) FILED EFFECTIVE 09 SEP 22 AM 8: 22

(Instructions on back of application)

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1. The name of the limited liability cor	mpany is:		SEUR STA	ETVARY OF THE OF ID	STATE VAH O
LBK TOWING SERVICE LLC	2				
2. The complete street and mailing ad	dresses of the	initial desig	nated/prin	cipal offic	e:
1710 OVERLAND AVE (Street Address)		· · · · · · · · · · · · · · · · · · ·			<u></u>
PO BOX 1204 BURLEY IDAH (Mailing Address, if different than street address)	HO 83318				
3. The name and complete street add	ress of the reç	istered ager	nt:		
LANCE BRYAN KING (Name)	1710 OVE	RLAND AVE 1	BURLEY ID	83318	er saar Viisaanse seel
The name and address of at least o company:	one member o	r manager o	f the limite	d liability	
Name		Add			
LANCE BRYAN KING	PO	BOX 1204	BURLEY	IDAHO	83318
	***************************************	: · · · · · · · · · · · · · · · · · · ·		 	· :
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	4				
5. Mailing address for future correspon	ndence (annu	al report noti	ces):		
PO BOX 1204 BURLEY IDA	но 83318	•	-		
6. Future effective date of filing (option					· · · · · · · · · · · · · · · · · · ·
<u> </u>					
Signature of organizer(s). (An organizer is a acting in behalf of a member or members).	a member, or is				
	Ţ		ecretary of State	te use only	
Signature			•	•	•
Typed Name: LANGE King	<u> </u>	plomst.LC formsteet, org. Itc.PMD Revised 07/2008	ີ ພ ¹	8709	70
Signature		0172000	IDAHO 109/28	SECRETARY	OF STATE
Typed Name:		Nemod Peske	CK: 1978 1 0 198.00	CT: 249755 = 180.00	BH: 1187984 ORGAN LLC I
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