



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2015 MAY 18 AM 10:04

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Glende Transportation LLC

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

7777 N 5th E Idaho Falls, Id 83401

(Street Address)

(Mailing Address, if different than street address)

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

Brandon Glende

(Name)

7777 N 5th E Idaho Falls, Id 83401

(Street Address)

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

Name	Address
<u>Brandon Glende</u>	<u>7777 N 5th E idaho Falls, Id 83401</u>

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

7777 N 5th E Idaho Falls Id 83401

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

Signature of a manager, member or authorized person.

Signature *Brandon Glende*

Typed Name: Brandon Glende

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

05/18/2015 05:00

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