



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2014 OCT 15 PM 2:04

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Hernandez Trucking LLC

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

2557 9th Ave E. Twin Falls, ID 83301
(Street Address)

(Mailing Address, if different than street address)

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

Artemio Hernandez
(Name)

2557 9th Ave E Twin Falls, ID
(Street Address)

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

Name	Address
<u>Artemio Hernandez</u>	<u>2557 9th Ave E Twin Falls, ID 83301</u>
_____	_____
_____	_____
_____	_____

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

Artemio Hernandez 2557 9th Ave E Twin Falls, ID

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

Signature of a manager, member or authorized person.

Signature Artemio Hernandez

Typed Name: Artemio Hernandez

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
10/15/2014 05:00

CK:2292858 CT:172099 BH:1445249
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