

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

10 MAR -8 AM 8:47

(Instructions on back of application)

SECRETARY OF

·	CTATE OF STATE
. The name of the limited liability compa	oany is: STATE OF IDAHO
HIGH DESER	RT FUEL SERVICES, LLC
The complete street and mailing address 1100 E 950 S Albion	resses of the initial designated/principal office:
	564 ALBION, ID 83311
(Mailing Address, if different than street address)	
The name and complete street address	ss of the registered agent:
JACK BENNER	1100 EAST 950 S ALBION, ID 83341
(Name)	(Street Address)
company: Name JACK BENNER	Address PO BOX 564, ALBION ID 83311
JACK BENNER	PO BOX 564, ALBION ID 83311
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Mailing address for future corresponde	dence (annual report notices): 564, ALBION ID 83311
FU BUX 5	OUT, FIGURE 10 00011
Future effective date of filing (optional	ai):
gnature of organizer(s). (An organizer is a m	member, or is
ing in behalf of a member or members).	Secretary of State use only
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	— B 4912603
	—— Regree Col 1263
gnature Jack Benner gnature	IDAHO SECRETARY OF STATE OF ST