



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

**FILED EFFECTIVE**

**2015 JUN -8 AM 9:28**

**SECRETARY OF STATE  
STATE OF IDAHO**

1. The name of the limited liability company is:

Highmark Trucking, LLC

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

1957 Dent Bridge Rd, Orofino, ID 83544

(Street Address)

(Mailing Address, if different than street address)

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

Scott Mosher

(Name)

1957 Dent Bridge Rd, Orofino, ID 83544

(Street Address)

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

**Name**

**Address**

Tom Mosher

1957 Dent Bridge Rd, Orofino, ID 83544

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

1957 Dent Bridge Rd, Orofino, ID 83544

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature Michael P. Wasko

Typed Name: Michael P. Wasko

Signature \_\_\_\_\_

Typed Name: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

06/08/2015 05:00

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