

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 MAY -8 AM 8:24

1.	The name of the limited liability con	npany is:	SECRETARY OF STATE	
	ldah	o Dust Solutions,LLC	STATE OF IDAHO	_
2.	The complete street and mailing addresses of the initial designated/principal office: 30790 US Hwy 91 Swan Lake, Idaho 83281			
	(Street Address) P.O. Box 20	1 1	_ , Idaho 8328	<u> </u>
	(Mailing Address, if different than street address)			
3.	he name and complete street address of the registered agent:			
	Tammy Danielson	30790 US Hwy 91 Swan Lake, Idaho 83281		
	(Name)	(Street Address)	4 A	
4.	The name and address of at least or company:	ne member or manag	er of the limited liability	
	Name Towns Berisland	<u>Address</u> 30790 US Hwy 91 Swan Lake , Idaho 83281		
	Tammy Danielson	30/90 US HWY 9	I Swan Lake , idano 6320 i	
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				_
5.	5. Mailing address for future correspondence (annual report notices): 30790 US Hwy 91 Swan Lake, Idaho 83281			
6.	Future effective date of filing (option	al):		·
	nature of organizer(s). (An organizer is a	member, or is		[- 전 원칙()
actir	ng in behalf of a member of members).		Secretary of State use only	
Sig	nature AMM mule	rateman LC formation, org. It. PMD		
Тур	ped Name: Tammy Danielson			
		2008		
Sig	nature		IDAHO SECRETARY OF	STATE
Тур	oed Name:	Revis	95/98/2009 (CK: 1381 CT: 236456 PM	95 : 00 1169504