1		FILED
	CERTIFICATE OF	ITY COMPANY II JAN 28 AM 0.42 STVE
	(Instructions on ba	sompany is:
1.	The name of the limited liability c	sompany is:
	N	ASON TRUCKING LLC
2.	829 ELM ST N	addresses of the initial designated/principal office:
	(Street Address) TWIN FALLS, ID 83301 (Mailing Address, if different than street address	;)
3.	The name and complete street ac	Idress of the registered agent:
		829 ELM ST N , TWIN FALLS, ID 83301
	(Name)	(Street Address)
4.	The name and address of at least company:	t one member or manager of the limited liability
	Name	Address
	MICHAEL T KRON	829 ELM ST N, TWIN FALLS, ID 83301
	LISA A KRON	829 ELM ST N, TWIN FALLS, ID 83301
	·.	
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Э.	Mailing address for future corresp	ondence (annual report notices):
	829 ELM ST N, TWIN FALLS, ID 8330	· · · · · ·
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6.	Future effective date of filing (opti	1
	Future effective date of filing (opti	1 onal)
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Sig	Future effective date of filing (opti	1
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