	·····	SELMENT
CERTIFICATE OF OF		
(Instructions on back or	application)	2015 MAR 25 AM 8:53
1. The name of the limited liability comp	·	FILED EFFECTIVE
Boise State TRucking 2. The complete street and mailing addre		ignated office:
5519 W CASSIA BOISE, ID 83705 (Street Address)		
(Mailing Address, if different than street address)		
3. The name and complete street addres	s of the registered ag	ent:
KHASAN AMRAKHOV	5519 W CASSIA BOISE,	ID 83705
(Name)	(Street Address)	
 The name and address of at least one company: Name 	-	
	5519 W CASSIA BOISE	<u>ddress</u> , ID 83705
5 Mailing address for future corresponde	nce (annual report no	otices):
5519 W CASIA BOISE, ID 83705	· · · · · · · · · · · · · · · · · · ·	,
6. Future effective date of filing (optional)		
Signature of a manager, member or a	uthorized	
person.	· · · · · · · · · · · · · · · · · · ·	Secretary of State use only
Signature 1. Miller Typed Name: KHASAN AMRAKHOV		IDAHO SECRETARY OF STATE 03/25/2015 05:00
rypeu name.		6137 CT:247833 BH:14678 0.00 = 100.00 ORGAN LLC
Signature		
Typed Name:		MIMAETZ
012 cert_	rg_lfc Rev_07/2010	VVITE VIJ

cert_org_lic Rev_07/2010