

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

2015 APR 29 AM 8: 46

(manuchina on back of application)	__
The name of the limited liability company is:	SECRETARY OF STATE STATE OF IDAHO
Safe Care Transport L	
2. The complete street and mailing addresses of the in	
104 EBS+, Shoshone, TO83	352
(Street Address) P.O. Box 303, Shoshone, 3 (Mailing Address, if different than street address)	ii
The name and complete street address of the regis	tered agent:
LOANEL Searle (Street Address)	BS+, Shoshone, ID83352
 The name and address of at least one member or r company: 	nanager of the limited liability
Name	Address
Lonne L. Searle 104EB	St, Shoshone, 1083352
5. Mailing address for future correspondence (annual	report notices):
P.O. Box 303 ghoshone,	
Future effective date of filing (optional):	
Signature of a manager, member or authorized	
erson.	Secretary of State use only
signature de true	TOING STORES OF OR SMIRE
yped Name: Lonne L. Searle	IDANO SECRETARY OF STATE 04/29/2015 05:00
	CK:102 CT:309619 BH:147322
signature <u>HA</u>	16 100.00 = 100.00 ORGAN LLC
yped Name:	

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