

Typed Name:

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

08 AUG 20 AM 10: 11

1. The	name of	the lir	nited	liability	company	is:
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SECRETARY OF STATE

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	patter	erson logistics IIc		
2. T	he complete street address, and maili rincipal office:	ling address if different, of the initial designated/		
	531 Hooper Ln	n. Oldtown, Idaho, 83822		
3. T a	he name of the commercial registered ddress of the non-commercial register	d agent; or the name and complete street ered agent:		
-	National Registered Agents, Inc. 142	123 Tyrell Lane Boise, ID 83706 County of Ada		
	he name and address of at least one iompany: Name	member or manager of the limited liability		
	Donna Patterson	Address		
-		531 Hooper Ln. Oldtown, Idaho, 83822		
-	Stan Patterson	531 Hooper Ln. Oldtown, Idaho, 83822		
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5. M	alling address for future corresponden			
J. IVI	ailing address for future corresponder c/o: 531 Hooper L	Ln. Oldtown, Idaho, 83822		
-				
6. Fi	uture effective date of filing (optional):			
Signat	ture of an organizer(s). (An organizer is a ting in behalf of a required, and existing, initia	a member,		
	nbers).	Secretary of State use only		
Signat	ture !L	Tetary STEP STATE 1DAHO SECRETARY OF STATE 100/20/20/20/20/20/20/20/20/20/20/20/20/2		
_	Name: Karmelia Fredrick, Assistant Secr	Tetary 5 TRAILS STORE STATE		
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Sianat	ture	GE CK: 187878 CT: 167623 8H: 113		

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