



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COM-

(Instructions on back of application)

10 NOV 22 AM 8: 49

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1. The name of the limited liabi	libe aamamamee tae	SECRET RY OF STA TE	
Kingdom TR	lanspoet, LLC	STATE OF IDAHO	
2. The complete street and mail 16620 SMOKY MTN AVE CALDV	ing addresses of the initial des	signated/principal office:	
(Street Address) P O BOX 376 FRUITLAND, ID 83			
(Mailing Address, if different than street a		<u> </u>	
3. The name and complete stree	et address of the registered ag	ent:	
1 STOP TRUCK REPORTING	6301 OVERLAND RD STE	6301 OVERLAND RD STE 102 BOISE, ID 83709	
(Name) Services, Enc	(Street Address)	14P. ·	
The name and address of at l company:	east one member or manager	of the limited liability	
<u>Name</u>	∆	ddress	
PEDRO TOSCANO	16620 SMOKY MTN AVE	CALDWELL, ID 83607	
			
	•	***************************************	
5 Mailing address for future com			
 Mailing address for future corn 6301 OVERLAND RD STE 102 Bd 		otices):	
0301 04EKEAND ND 31E 102 B	JISE, ID 63709	· · · · · · · · · · · · · · · · · · ·	
6. Future effective date of filing ((optional):		
		-	
Signature of a manager, memb	per or authorized		
person.			
Signature		Secretary of State use only	
Signature from Signature Typed Name: PEDRO TOSCANO		•	
Typeu Name. TESTO TOOONIO			
Signature		IDAHO SECRETARY OF STATE	
Typed Name:		11/22/2010 05:00 CX: 9687 CT: 247833 BH: 1248103	
		1 9 199.08 = 108.00 DRGAN LLC #	