

FILED EFFECTIVE

SECRETARY OF STATE
STATE OF IDAHO

2015 MAR 23 AM 9:31



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

1. The name of the limited liability company is:

Joel Callister Trucking, LLC

2. The complete street and mailing addresses of the initial designated office:

477 North 325 West Blackfoot, ID 83221

(Street Address)

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

Joel Callister

(Name)

477 N. 325 W.

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

NameAddressJoel Callister477 N. 325 W.

5. Mailing address for future correspondence (annual report notices):

477 N. 325 W. Blackfoot, ID 83221

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature

Joel Callister

Typed Name:

Joel Callister

Signature

Typed Name:

Secretary of State use only

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03/23/2015 05:00

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