

Typed Name: \_

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY FILED EFFECTIVE

(Instructions on back of application)

2013 APR -9 AM 9: NL

	5- 04
1.	The name of the limited liability company is:  SECRETARY OF STATE
	SAFELINE PILOT CAR SERVICE LLC STATE OF IDAHO
2.	The complete street and mailing addresses of the initial designated office:
	1972 DECKER DR. PAYETTE IS. 83661 (Street Address)
	(Mailing Address, if different than street address)
3.	The name and complete street address of the registered agent:
	Greg J Goodfellow 1972 Decken DR. Payette Id (Name)
4.	The name and address of at least one member or manager of the limited liability company:
	Name Address
	Greg J Goodfellow 1972 Decker or Payette ID 831de/
E	Mailing address for future correspondence (annual report notices):
<b>5</b> .	walling address for future correspondence (arrival report notices).
	1972 Decker DR. Payette Id. 83661
6.	Future effective date of filing (optional):
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_	nature of a manager, member or authorizedson.
PCI	Secretary of State use only
_	nature Dreg Dovolph
Typ	ped Name: Cory Cookd/c//ow
	IDAHO SECRETARY OF STATE  94/09/2013 95:99
Sig	nature CK: 183578719826 CT: 281681 BH: 1368598

(e)124069