## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY 2014 NOV -6 AM 9: 26

(Instructions on back of application)

(11101111011111111111111111111111111111	an arphiodio	SECRETARY OF STATE
1. The name of the limited liability o	ompany is:	STATE OF IDATIO
Wheeler Transport, LLC		
2. The complete street and mailing a  14 North 3700 East, Rigby, Idaho 8344  (Street Address)		e initial designated office:
(Mailing Address, if different than street address)	)	
3. The name and complete street ad	dress of the rec	pistered agent:
Chris S Hayes	890 Oxford Drive, Idaho Falls, Idaho 83401	
(Name)	(Street Address)	
The name and address of at least company:     Name     Michael Wheeler		Address D East, Rigby, Idaho 83442
	<del></del>	
5. Mailing address for future corresp	ondence (annu	al report notices):
Hayes Management Services, Inc.	•	ford Drive, Idaho Falls, Idaho 83401
6. Future effective date of filing (option	onal):	
Signature of a manager, member o	or authorized	
person.	· [	Secretary of State use only
Signature Thh k		IDAHO SECRETARY OF STATE
Typed Name: Michael Wheeler		11/06/2014 05:00 CK:8463 CT:104250 BH:144
Signature		16 100.00 = 100.00 ORGAN I
Typed Name:	<del></del>	