



CERTIFICATE OF ORGANIZATION ~~AND~~ EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

11 MAY -5 AM 8:43

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

ROAD RUNNER TAXI LLC

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

1762 E BERGESSON ST, BOISE ID 83706
(Street Address)

(Mailing Address, if different than street address)

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

WILLIAM ANDERSON
(Name)

1762 E BERGESSON ST BOISE, ID
(Street Address)

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

Name	Address
<u>WILLIAM ANDERSON</u>	<u>1762 E BERGESSON ST BOISE, ID 83706</u>
_____	_____
_____	_____
_____	_____
_____	_____

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

1762 E BERGESSON ST BOISE, ID 83706

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

Signature of a manager, member or authorized person.

Signature William Anderson
Typed Name: William Anderson

Signature _____
Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
05/05/2011 05:00
CK: 670649 CT: 172099 BH: 1272315
1 @ 100.00 = 100.00 ORGAN LLC # 2

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