



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2012 AUG 30 AM 9:26

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Authority Express LLC

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

608 Roosevelt Ave #8 Grand View, ID 83624
(Street Address)P.O. Box 546 Grand View, ID 83624
(Mailing Address, if different than street address)

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

Raelynn Schkade
(Name)608 Roosevelt St #8 Grand View
(Street Address) ID 83624

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

Name	Address
<u>Sariah Pearson</u>	<u>27567 Strike Dam Village Loop Bruneau</u>
	<u>ID 83604</u>

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

P.O. Box 546 Grand View, ID 83624

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

Signature of a manager, member or authorized person.

Signature Sariah Pearson
Typed Name: Sariah PearsonSignature Raelynn Schkade
Typed Name: Raelynn Schkade

Secretary of State use only

 IDAHO SECRETARY OF STATE
 08/30/2012 05:00
 CK: 3202 CT: 273006 DN: 1330011
 1 @ 100.00 = 100.00 ORGAN LLC # 2

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