



**CERTIFICATE OF ORGANIZATION
LIMITED LIABILITY COMPANY**

(Instructions on back of application)

2012 AUG 30 AM 9:26

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 GrandView, 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:

| <u>Name</u> | <u>Address</u> |
|-----------------------|---|
| <u>Sariah Pearson</u> | <u>27561 Strike Dam Village Loop Bruneau</u> <u>ID 83604</u> |
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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 Pearson

Secretary of State use only

Signature Raelynn Schkade
Typed Name: Raelynn Schkade

IDAHO SECRETARY OF STATE
08/30/2012 05:00
CK: 3282 CT: 273886 BH: 1338811
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