

251



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 APR 20 PM 3:42

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

1ST CHOICE LOGISTICS LC

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

2797 VOLLMER LOOP AMERICAN FALLS, ID 83211

(Street Address)

PO BOX 14 AMERICAN FALLS, ID 83211

(Mailing Address, if different than street address)

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

KATINA ALLEN

(Name)

2797 VOLLMER LOOP

(Street Address)

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

NameAddress

KATINA ALLEN

2797 VOLLMER LOOP

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

PO BOX 14 AMERICAN FALLS, ID 83211

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

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature

Typed Name:

KATINA ALLEN

Signature

Typed Name:

Secretary of State use only

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Revised 07/2009IDHO SECRETARY OF STATE
04/21/2009 05:00
CK: 227010 CT: 172999 BN: 1166780
1 @ 100.00 = 100.00 ORGAN LLC # 2

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FILED EFFECTIVE