

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

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	(matructions on pace	K Of application,	SECRETARY OF OTHER
1.	The name of the limited liability con	mpany is:	STATE OF IDAR
	MTY TRANSPORT LLC		
2.	The complete street and mailing ad 735 FORT HALL AVE, AMERICAN FALL (Street Address)		initial designated office:
	(Mailing Address, if different than street address)		
3.	The name and complete street address of the registered agent:		
	MARTIN YTUARTE	735 FORT HAI	L AVE, AMERICAN FALLS, ID 83211
	(Name)	(Street Address)	
4.	The name and address of at least one member or manager of the limited liability company:		
	<u>Name</u> MARTIN YTUARTE	705 F007 (141	Address L AVE, AMERICAN FALLS, ID 83211
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5.	Mailing address for future correspondant FALL AVE, AMERICAN FALL	•	report notices):
6.	Future effective date of filing (option	nal):	
_	nature of a manager, member or son.	r authorized	
		%	Secretary of State use only
Тур	ed Name: MARTIN YTHARTE		IDAHO SECRETARY OF STATE 05/04/2015 05:08 CK:1061 CT:309829 BH:1473 16 100.00 = 100.00 DRGAN L
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