

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2013 DEC 18 AM 8: 16

1. The name of the limited liability company is: Valley Equipment Rentals, LLC 2. The complete street and mailing addresses of the initial designated office: 833 Michigan Ave. Orofino, ID 83544 (Street Address) PO Box 463 Orofino, ID 83544 (Milling Address, if different than street address) 3. The name and complete street address of the registered agent: Kim S. Hansen (Name) (Street Address) 4. The name and address of at least one member or manager of the limited liability company: Name Paul L. Pippenger 2390 Michigan Ave. / PO Box 463 Orofino, ID 83544 Lee Ann Pippenger 2390 Michigan Ave. / PO Box 463 Orofino, ID 83544 5. Mailing address for future correspondence (annual report notices): PO Box 463, Orofino, ID 83544 6. Future effective date of filing (optional): Signature of a manager, member or authorized person. Signature Typed Name: Name: Na	13 3	(Instructions on back	of application)	SECRETARY OF STATE STATE OF IDAHO	
2. The complete street and mailing addresses of the initial designated office: 633 Michigan Ave. Orofino, ID 83544 [Street Address] PO Box 463 Orofino, ID 83544 (Mailing Address, if different than street address) 3. The name and complete street address of the registered agent: Kim S. Hansen [Name] 1130 Michigan Ave. Orofino, ID 83544 (Street Address) 4. The name and address of at least one member or manager of the limited liability company: Name Paul L. Pippenger 2390 Michigan Ave. / PO Box 463 Orofino, ID 83544 Lee Ann Pippenger 2390 Michigan Ave. / PO Box 463 Orofino, ID 83544 5. Mailing address for future correspondence (annual report notices): PO Box 463, Orofino, ID 83544 6. Future effective date of filing (optional): Signature of a manager, member or authorized person. Signature Typed Name: Name Nrm S. Hansen 1130 Michigan Ave. / PO Box 463 Orofino, ID 83544 Signature Typed Name: 1130 Michigan Ave. / PO Box 463 Orofino, ID 83544 12718/2613 95:86	1.	The name of the limited liability com	pany is:	- or lowing	
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(Name) (Street Address) 4. The name and address of at least one member or manager of the limited liability company: Name Paul L. Pippenger Paul L. Pippeng	3.	The name and complete street address of the registered agent:			
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2390 Michigan Ave. / PO Box 463 Orofino, ID 83544 Lee Ann Pippenger 2390 Michigan Ave. / PO Box 463 Orofino, ID 83544 2390 Michigan Ave. / PO Box 463 Orofino, ID 83544 5. Mailing address for future correspondence (annual report notices): PO Box 463, Orofino, ID 83544 6. Future effective date of filing (optional): Signature of a manager, member or authorized person. Signature Name: Nm S. Hansen Signature					
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