

Typed Name: \_\_\_

## CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY 10 DEC 29 AM 8: 28

	(Instructions on	back of application)	SECTION OF STATE
1. Th	e name of the limited liabilit	y company is:	STAN
		F 2 Transportation L.L.C.	
2. Th	The complete street and mailing addresses of the initial designated/principal office:		
	10 Gardener Street	Blackfoot, Idaho 83221	
(S	Street Address)		
7	(Mailing Address, if different than street address)		
•	The name and complete street address of the registered agent:		
N	lick Funk	410 Gardener Street	Blackfoot, idaho 83221
1)	Name)	(Street Address)	
	ne name and address of at le empany: Name		Address
N	lick Funk	410 Gardener Street	Blackfoot, Ideho 83221
_			
	ailing address for future com	espondence (annual repo ackfoot, Idaho 83221	rt notices):
- 6. Fi	uture effective date of filing (	optional):	
Signa persor	ture of a manager, memb	er or authorized	
-U. 3UI		•	Secretary of State use only
Signat	ture		
_	Name: Nick Funk		
Signal	h ire		THOUS SECRETARY OF STATE

W99165