

## ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

2007 OCT -9 PM 1: 06

FILED EFFECTIVE

(Instructions on back of application)

SECRETARY OF STATE

1. The name of the limited liability of the limited liability company is:  LOCKMAN BROTHER'S TRUCKING, LLC  2. The street address of the initial registered office is:  436 MEADOWLARK LANE, OLD TOWN, ID 83822  and the name of the initial registered agent at the above address is:  JERRY LOCKMAN  3. The mailing address for future correspondence is:  436 MEADOWLARK LANE, OLD TOWN, ID 83822  4. The limited liability company will be:  Manager-managed or Member-managed (please check the appropriate box)  5. If manager-managed, list the name(s) and address(es) of at least one initial manager. If member-managed, list the name(s) and address(es) of at least one initial member.  Name  Address  JERRY LOCKMAN  436 MEADOWLARK LANE  OLD TOWN, ID 83822  6. Signature of at least one person responsible for forming the limited liability company:  Signature:  Typed Name:  Signature  Typed Name:  10409 SCRETIARY OF STATE  16799 72997 85 80	(man done	SECRETARY OF STATE STATE OF IDAHO
2. The street address of the Initial registered office is:  436 MEADOWLARK LANE, OLD TOWN, ID 83822  and the name of the Initial registered agent at the above address is:  JERRY LOCKMAN  3. The mailing address for future correspondence is:  436 MEADOWLARK LANE, OLD TOWN, ID 83822  4. The limited liability company will be:  Manager-managed □ or Member-managed ☑ (piesse dreck the appropriate box)  5. If manager-managed, list the name(s) and address(es) of at least one initial manager. If member-managed, list the name(s) and address(es) of at least one initial member.  Name Address  JERRY LOCKMAN 436 MEADOWLARK LANE  OLD TOWN, ID 83822  6. Signature of at least one person responsible for forming the limited liability company:  Signature: JERRY LOCKMAN  Capacity: MANAGING MEMBER  Signature  Typed Name: JERRY LOCKMAN  Capacity: MANAGING MEMBER  Signature  Typed Name: JERRY LOCKMAN  TIMHO SECRITARY OF STATE  18/89/28667 9558		iolity company is.
JERRY LOCKMAN  3. The mailing address for future correspondence is: 436 MEADOWLARK LANE, OLD TOWN, ID 83822  4. The limited liability company will be: Manager-managed	2. The street address of the i	nitial registered office is:
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Manager-managed or Member-managed (please check the appropriate box)  5. If manager-managed, list the name(s) and address(es) of at least one initial manager. If member-managed, list the name(s) and address(es) of at least one initial member.  Name  Address  JERRY LOCKMAN  436 MEADOWLARK LANE  OLD TOWN, ID 83822  6. Signature of at least one person responsible for forming the limited liability company:  Signature:  Typed Name:  JERRY LOCKMAN  Capacity: MANAGING MEMBER  Signature  Typed Name:  1040 SECRETARY OF STATE  1070 7 200 7 85 200 7		
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OLD TOWN, ID 83822  6. Signature of at least one person responsible for forming the limited liability company:  Signature:  Typed Name:  Signature  Signature  Typed Name:	if member-managed, list to	ne name(s) and address(es) of at least one initial member.
OLD TOWN, ID 83622  6. Signature of at least one person responsible for forming the limited liability company:  Signature:	JERRY LOCKMAN	436 MEADOWLARK LANE
Signature:		OLD TOWN, ID 83822
Signature:		
Typed Name: JERRY LOCKMAN  Capacity: MANAGING MEMBER  Signature  Typed Name:	6. Signature of at least one p	person responsible for forming the limited liability company:
Capacity: MANAGING MEMBER  Signature		
Signature	. , , , , , , , , , , , , , , , , , , ,	[ ]
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Capacity:	Capacity:	CX: 1383175 CT: 172899 BH: 16795

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