



**CERTIFICATE OF ORGANIZATION
LIMITED LIABILITY COMPANY**

FILED EFFECTIVE

09 JUL 15 AM 8:16

(Instructions on back of application)

1. The name of the limited liability company is:

EB Express LLC

SECRETARY OF STATE
STATE OF IDAHO

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

451 Trotter Dr., Twin Falls, ID 83301

(Street Address)

(Mailing Address, if different than street address)

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

Emad Berberovic

451 Trotter Dr., Twin Falls, ID, 83301

(Name)

(Street Address)

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

Name

Address

Emad Berberovic

451 Trotter Dr., Twin Falls, ID, 83301

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

451 Trotter Dr., Twin Falls, ID 83301

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:

Emad Berberovic

Signature

Typed Name:

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Revised 07/26/2008

Secretary of State use only

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IDaho SECRETARY OF STATE
07/15/2009 05:00
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