



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

**FILED EFFECTIVE**

2013 APR 22 AM 9:04

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Howard Weeks Trucking LLC

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

1350 Middle Rd., Lenore, ID 83541

(Street Address)

(Mailing Address, if different than street address)

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

Howard Weeks

(Name)

1350 Middle Rd., Lenore, ID 83541

(Street Address)

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

Name

Address

Howard Weeks

1350 Middle Rd., Lenore, ID 83541

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

1350 Middle Rd., Lenore, ID 83541

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name:

Howard Weeks

Signature

Typed Name:

Secretary of State use only

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04/22/2013 05:00  
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