



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

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(Instructions on back of application)

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

CONEWAK HANDLING #3, LLC

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

14259 North Cleveland Road Preston, Idaho 83263

(Street Address)

PO Box 308 Grace, Idaho 83241

(Mailing Address, if different than street address)

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

Charles E Miller

(Name)

14259 N Cleveland Rd Preston, ID 83263

(Street Address)

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

Name	Address
Universal Financial Solutions, Inc.	14259 N Cleveland Rd Preston, ID 83263

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

PO Box 308 Grace, ID 83241

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of a manager, member or authorized person.

Signature *Universal Financial Solutions, Inc.*  
Typed Name: Universal Financial Solutions, Inc. by *Scott Vachon*

Signature \_\_\_\_\_  
Typed Name: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE  
04/13/2011 05:00  
CK: 530 CT: 257653 BH: 1268971  
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