

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 NOV 23 AM 11: 23

SECRETARY OF STATE STATE OF IDAHO

1. The name of the limited liab	ility company is:		
giar	nnipesenti - Logistics coi	nsulting, L.L.C.	-
2. The complete street and mai	iling addresses of the	e initial designated/principal office:	
	8 N. Silverleaf Way Meri	idian, ID 83846	_
(Street Address)			
(Mailing Address, if different than street a	address)		•
3. The name and complete stre	et address of the re	gistered agent:	
Gianni Pesenti	2898 1	N. Silverleaf Way Meridian, ID 83848	
(Name)	(Street Address	5)	<b>-</b> -,
The name and address of at company:	least one member of	or manager of the limited liability	
Name		Address	
Gianni Pesenti	2898 1	N. Silverleaf Way Meridian, ID 83846	-
			-
The state of the s			. :
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			•
5. Mailing address for future co	rrespondence (annu	ial report notices):	*.,
289	8 N. Silverleaf Way Meri	idian, ID 83846	
			e d
6. Future effective date of filing (optional):			•
Signature of organizer(s). (An orga	nizer is a member, or is	•	
acting in behalf of a member or membe	ers).	Secretary of State use only	
Signatura ( )	$\sim$	g.	
Signature Gianni P	Pesenti	#, 06	
Typed Name: Gianni P	- Colla		
Sianatura		DANO SECRETARY OF ST 11/23/2809 05 11/23/2809 05 CK 5912 CT 24248 BH:	:
Signature	<u> </u>	IDAHO SECRETARY OF ST	ATE
Typed Name:		LY CO/CARD THE	113658