

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

11 NOV 28 AM 10: 37

(Instructions on back of application)

STATE OF STATE

	SIME OF IDAMU
<ol> <li>The name of the limited liabi</li> </ol>	lity company is:
LAMBSC	ONS TRANSPORTATION SERVICES LLC
2. The complete street and mail	ling addresses of the initial designated office:
(Street Address)	
(Mailing Address, if different than street a	iddress)
3. The name and complete stre	et address of the registered agent:
MARSHALL LAMBSON	12473 S SUNRISE MIST LOOP NAMPA ID 83686
(Name)	(Street Address)
4. The name and address of at company:	least one member or manager of the limited liability
<u>Name</u>	<u>Address</u>
MARSHALL LAMBSON	12473 S SUNRISE MIST LOOP NAMPA ID 83686
SALLY A LAMBSON	12473 S SUNRISE MIST LOOP NAMPA ID 83686
5. Mailing address for future cor	rrespondence (annual report notices):
12473 S SUNRISE MIST LOOP	NAMPA ID 83686
6. Future effective date of filing	(ontional):
o. Talare encouve date of ming	(optional).
Signature of a manager, mem	ber or authorized
person.	Secretary of State use only
Signature Harly hum	h
yped Name: MARSHALL LAMBSO	N
Signature	IDAHO SECRETARY OF STATE
Гуреd Name:	11/28/2011 05:01 CV: COCH CT: 82/80 PH: 12002

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CK: CASH CT: 83609 BH: 1299432 1 @ 100.00 = 100.00 ORGAN LLC # 2