



CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

2013 OCT 17 AM 9:17

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

WILDMAN'S TRUCKING LLC

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

745 EVE DR IDAHO FALLS, ID 83402

(Street Address)

(Mailing Address, if different than street address)

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

JOHN WALLACE

(Name)

745 EVE DR IDAHO FALLS, ID 83402

(Street Address)

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

Name

Address

JOHN WALLACE

745 EVE DR IDAHO FALLS, ID 83402

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

745 Eve Dr Idaho Falls ID 83402

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature John Wallace

Typed Name: MANAGER

Signature _____

Typed Name: _____

Secretary of State use only

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10/17/2013 05:00
CK: 1032776906 CT: 200666 DH: 1394311
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