

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY 09 MAR 16 AM 9: 15

| OF DE | (Instructions on back of | of application) SECRETARY OF STATE |
|--------|---|--|
| 1. TI | he name of the limited liability comp | of application) SECRETARY OF STATE STATE OF IDAHO |
| | MY T | TRUCKIN LUCK LLC |
| 2. T | The complete street and mailing addresses of the initial designated/principal office: | |
| - | 555 West 100 h (Street Address) | North, Blackfoot, Idaho 83221 |
| | | |
| | (Mailing Address, if different than street address) | |
| 3. TI | The name and complete street address of the registered agent: | |
| | Randy Cox | 555 West 100 North, Blackfoot, Idaho 83221 |
| 7 | (Namo) | (Street Address) |
| | he name and address of at least one ompany: Name | ne member or manager of the limited liability |
| | Randy Cox | 555 West 100 North, Blackfoot, Idaho 83221 |
| - | Pam Cox | 555 West 100 North, Blackfoot, Idaho 83221 |
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| 5. M | lailing address for future correspond | dence (annual report notices): |
| _ | 555 West 100 h | North, Blackfoot, Idaho 83221 |
| e e | utura affactiva data of filina (ontiona | al\· |
| 0. P | uture effective date of filing (optiona | ai). |
| Signa | ture of organizer(s). (An organizer is a n | member, or is |
| _ | in behalf of a member or members). | Secretary of State use only |
| Signa | tura Red T. Ca | Secretary or States due only |
| | I Name: Randy Cox | <u> </u> |
| . Jpou | | |
| Signa | ture <u>Sam & COV</u> | IDANO SECRETARY OF ST |
| Турес | Name: (Parm Cox | |
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