

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 SEP 16 AM 8: 25

SECRETARY OF STATE

	addresses of the initial designated/principal office:
	shoestring Rd, Gooding, ID 83330
(Street Address)	Box 5064, Twin Falls, ID 83301
(Mailing Address, if different than street address	ss)
The name and complete street a	address of the registered agent:
Keven Jensen	1499 Shoestring Rd, Gooding,ID 83330
(Name)	(Street Address)
The name and address of at leas	st one member or manager of the limited liability
company:	
Name	Address
Keven Jensen	1499 Shoestring Rd, Gooding, ID 83330
-	
Mailing address for future corres	spondence (annual report notices):
K J Transport L	LLC, PO Box 5064, Twin Falls, ID 83301
Future effective date of filing (op	itional):
ature of organizer(s). (An organizer	r is a member, or is
in behalf of a member or members).	Considerate Otals was asked
	Secretary of State use only OMA 27 00 100 100 100 100 100 100 100 100 100
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ature X d Name: Keven Jense	