CERTIFICATE OF ORGANIZATION FILED LIMITED LIABILITY COMPANY

FILED EFFECTIVE

| | LIMITED LIABILITY COMP. | 2015 MAR-12 - AM 9: 26 |
|------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------|
| | (Instructions on back of application) | SECRETARY OF STATE |
| 1. The n | ame of the limited liability company is: | SECRETARY OF STATE |
| | 19 J Transport LLC | |
| 2. The c | omplete street and mailing addresses of the | |
| | 960 Van Cir. Idaho | Falls, ID, 83409 |
| , | Address) | |
| • | g Address, if different than street address) | |
| 3. The n | arne and complete street address of the regi | istered agent: |
| (Name | Yemy Dial 1960 (Street Address) | Van Cir, Idaho Falls, IA 83404 |
| The name and address of at least one member or manager of the limited liability company: | | |
| 1 | Name | Address |
| <u>Je</u> | remy Vial 1960 Va | n Cir, John Falls, 7088404 Cir, John Falls, JU8344 |
| <u>Je</u> | ear Dial 1960 Var | Cic, John to 16, JUSS 44/ |
| | | |
| | | |
| | | |
| | | |
| 5. Mailin | ng address for future correspondence (annua | ıl report notices): |
| 19 | 160 Van Cir. Idaho Falls, | ID, 83404 |
| | , | |
| 6. Future | e effective date of filing (optional): | |
| Cianatura | of a manager mambar as sutherinal | · |
| person. | e of a manager, member or authorized | |
| | | Secretary of State use only |
| Signature | | IDAHO SECRETARY OF STATE |
| Typed Na | ine. <u>Vereny</u> Usal | 03/12/2015 05:00 CK:1196 CT:307530 BH:1465733 |
| Signature | Lean Dial | 10 100.00 = 100.00 ORGAN LLC #2 |
| Typed Na | | ac actor actor and and all all all |