



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

09 SEP 21 AM 8:52

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

The Corner Express LLC

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

159 Main St Elk City Id 83525

(Street Address)

159 Main St. Elk City, Id 83525

(Mailing Address, if different than street address)

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

Amy Lynn Jones

(Name)

362 main St Elk City, Id 83525

(Street Address)

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

Name

Address

Glennella Mae Forsman 440 Sweeney Hill Rd Elk City, Id 83525

Abbie Jane Leighton 440 Sweeney Hill Rd Elk City, Id 83525

Walter John Phillips 362 main St Elk City, Id 83525

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

159 Main St Elk City Id 83525

6. Future effective date of filing (optional): _____

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature Amy L Jones

Typed Name: Amy L Jones

Signature _____

Typed Name: _____

Secretary of State use only

W 87061

IDAHO SECRETARY OF STATE
09/21/2009 05:00
CK: 3717 CT: 240727 BH: 1107684
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