



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in duplicate.

FILED EFFECTIVE

2016 APR 12 AM 8:22

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Logistics West, LLC

(Remember to include the words "Limited Liability Company," "Limited Company," or the abbreviations L.L.C., LLC, or LC)

2. The complete street and mailing addresses of the principal office is:

2743 Mt Harrison Dr. Burley Id 83318

(Street Address)

(Mailing Address, if different)

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

Robert D McMillen

693 Sparks N Twin Falls Id 83301

(Name)

(Address cannot be a post office box or postal mail box.)

4. The name and address of at least one governor of the limited liability company:

Robert D McMillen

693 Sparks N Twin Falls Id 83301

(Name)

(Address)

Brad Sanders

2743 Mt Harrison Dr. Burley Id 83318

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

2743 Mt Harrison Dr Burley Id 83318

(Address)

Signature of organizer(s).

Signature: Robert D McMillen

Printed Name: Robert D McMillen

Signature: _____

Printed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

04/12/2016 05:00

CK:3339 CT:319480 BH:1523200

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