

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

11 AUG 30 AM 9: 45

(Instructions on back of application)

DOCTABY OF STATE

	CONTIANT OF STATE
1. The name of the limited lia	bility company is:
	JENCOR TRANSPORT, LLC
2. The complete street and m 735 EAST MOON HILL ST; KI (Street Address)	ailing addresses of the initial designated/principal office:
(Mailing Address, if different than stre	it address)
3. The name and complete si	reet address of the registered agent:
CORY WEST	735 EAST MOON HILL ST; KUNA, ID 83634
(Name)	(Street Address)
4. The name and address of company:	at least one member or manager of the limited liability
<u>Name</u>	<u>Address</u>
CORY WEST	735 EAST MOON HILL ST; KUNA, ID 83634
5. Mailing address for future of	orrespondence (annual report notices):
735 EAST MOON HILL ST; KL	NA, ID 83634
6. Future effective date of filing	g (optional):
Signature of a manager, me person.	nber or authorized
Signature will be	Secretary of State use only
Typed Name: CORY WEST	
Signature	IDAHO SECRETARY OF STATE 08/30/2011 05:00
Typed Name	CK: 21352 CT: 249495 BH: 128847

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