

Signature\_\_

Typed Name: \_\_\_\_\_

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

08 NOV 10 AM 9: 05

- (mod dodons on pack	or application)	5 69
1. The name of the limited liability com	npany is:	SECRETARY OF STAT STATE OF IDAHO
High !	Dessert Logitcs, L.L.C.	10/11/10
<ol><li>The complete street and mailing add</li></ol>	resses of the initial de	esignated/principal office
11915 W. Did	ckens Dr. Boise, Idaho 837	
(Street Address)		
(Mailing Address, if different than street address)		· · · · · · · · · · · · · · · · · · ·
3. The name and complete street addre	ess of the registered a	gent:
N. Christine Davis	11915 W. Dickens	B Dr. Boise, Idaho 83709
(Name)	(Street Address)	
The name and address of at least on company: Name		
N. Christine Davis	<u>Address</u> 11915 W. Dickens Dr. Boise, Idaho 83709	
	T1915 VV. DICKERS	Dr. Boise, Idano 83709
Mailing address for fitting account		
Mailing address for future correspond		
11915 VV. DICK	cens Dr. Boise, Idaho 8370	9
Future effective date of filing (optional	۸۰	
copulation of thing (optional	J	
Institute of organization (A		
gnature of organizer(s). (An organizer is a m ing in behalf of a member or members).	lember, or is	
	٥	Secretary of State use only
inature n. UNUstine Navi	Marked Corp. R. PHID	
ped Name: N. Christine Davis	8	

IDAHO SECRETARY OF STATE
11/10/2008 05:00
CK: 1466 CT: 231383 BH: 1143791
1 8 108.08 = 100.08 ORGAN LLC # 2

