

CERTIFICATE OF ORGANIZATION

X	I MITED LIABILITY COMPANY
	LIMITED LIABILITY COMPANY 12 500 19 18 8: 40
TE D	(Instructions on back of application)
1.	The name of the limited liability company is: SEOPETARY OF STATE STATE OF IDAGO
	S & N Transportation, LLC
2.	The complete street and mailing addresses of the initial designated/principal office:
	832 Milner Street, Wendell ID 83355 (Street Address)
	PO Box 334, Wendell ID 83355 (Mailing Address, if different than street address)
	(Mailing Address, if different than street address)
3.	The name and complete street address of the registered agent:
4.	Mary Susan Dolieslager 832 Milner Street, Wendell ID 83355 (Street Address) The name and address of at least one member or manager of the limited liability
	company:
	<u>Name</u> <u>Address</u>
	Mary Susan Dolieslager 832 Milner Street, Wendell ID 83355
5.	Mailing address for future correspondence (annual report notices): PO Box 334 Wendell, ID 83355
6.	Future effective date of filing (optional):
	nature of organizer(s). (An organizer is a member, or is ng in behalf of a member or members).
	Secretary of State use only
_	nature///ampublin/buskagu 🖫
Тур	ed Name: <u>Mary Susan Dolieslager</u>
۸.	IDAHO SECRETARY OF STATE
_	nature Mary Susan Dolieslager nature
าเท	ION NAME: