



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

MAY -2 AM 9: 39

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

High West Trucking LLC

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

1627 S Orchard Street Suite 24 Boise Idaho 83705

(Street Address)

(Mailing Address, if different than street address)

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

Jim D. Conger

(Name)

1627 S Orchard St Ste 24 Boise ID 83705

(Street Address)

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

Name

Address

Jim D. Conger

1627 S Orchard St Ste 24 Boise ID 83705

Casey Daniels

8145 E Colter Bay Nampa ID 83687

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

1627 S Orchard Street Suite 24 Boise Idaho 83705

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

Signature of a manager, member or authorized person.

Signature _____

Typed Name: Jim D. Conger

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
05/02/2011 05:00
CK: 10247 CT: 149563 BH: 1271853
1 @ 100.00 = 100.00 ORGAN LLC # 2

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