



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

2015 OCT -9 AM 9:07

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

BEST FREIGHT MOVERS LLC

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

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

479 POLK ST STE NAA, TWIN FALLS, ID 83301

(Street Address)

P O BOX 5693 TWIN FALLS, ID 83303

(Mailing Address, if different)

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

ELDAR SHARAF

479 POLK ST STE NAA, TWIN FALLS, ID 83301

(Name)

(Address)

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

ELDAR SHARAF

479 POLK ST STE NAA, TWIN FALLS, ID 83301

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

P O BOX 5693, TWIN FALLS, ID 83303

(Address)

Signature of organizer(s).

Printed Name: **ELDAR SHARAF**

Signature: 

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

10/09/2015 05:00

CK:28872 CT:247833 BH:1495730

1@ 100.00 = 100.00 ORGAN LLC #2

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