



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

12 MAY 16 AM 9:01

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

K Trans LLC

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

531 N 400 E Firth, ID 83236

(Street Address)

(Mailing Address, if different than street address)

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

Eleanor Knox

(Name)

531 N 400 E Firth, ID 83236

(Street Address)

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

Name

Address

Thomas Knox

531 N 400 E Firth, ID 83236

Eleanor Knox

531 N 400 E Firth, ID 83236

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

531 N 400 E Firth, ID 83236

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature [Signature]

Typed Name: Member

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
05/16/2012 05:00
CK: NO CHECK # CT: 270435 BH: 1324330
1 @ 100.00 = 100.00 ORGAN LLC # 2

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