

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2014 MAR -6 PM 2: 08

SECRETARY OF STATE STATE OF IDAHO

The name of the limited liab	ility company is:	STATE OF IDAHO	
LW Logistics Group LLC	mity Company 13.		
2. The complete street and ma 695 W. Headwaters Dr. Eagle lo		initial designated office:	
(Street Address)			
(Mailing Address, if different than street	address)		
3. The name and complete stre	eet address of the regi	stered agent:	
Kasey Thompson	695 W. Headw	695 W. Headwaters Dr. Eagle Idaho 83616	
(Name)	(Street Address)	(Street Address)	
 The name and address of all company: 	: least one member or	-	
<u>Name</u> Kasey Thompson	695 W Headw	<u>Address</u> 695 W. Headwaters Dr. Eagle Idaho 83616	
 			
	<u> </u>		
			
5. Mailing address for future co	orrespondence (annua	l report notices):	
695 W. Headwaters Dr. Eagle Id	laho 83616		
Future effective date of filing	ງ (optional):		
	_		
Signature of a manager, men	nber or authorized		
erson.		Secretary of State use only	
Signature			
yped Name: Kasey Thompson			
Signature		IDAHO SECRETARY OF STATE 03/06/2014 05:00	
Typed Name:		CK: 5868 CT: 293927 BH: 141397	

W/35204