



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2013 DEC 30 AM 9:42

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

LMW Trucking LLC

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

29543 Pearl Rd Parma, Id 83660  
(Street Address)

(Mailing Address, if different than street address)

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

Lonnie Weekes  
(Name)

29543 Pearl Rd  
(Street Address)

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

Name	Address
<u>Lonnie Weekes</u>	<u>29543 Pearl Rd Parma, Id 83660</u>
_____	_____
_____	_____
_____	_____

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

29543 Pearl Rd Parma, Id 83660

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of a manager, member or authorized person.

Signature Lonnie Weekes  
Typed Name: Lonnie Weekes

Signature \_\_\_\_\_  
Typed Name: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE  
12/30/2013 05:00  
CK: 1074 CT: 291122 BH: 1403636  
1 @ 100.00 = 100.00 ORGAN LLC # 2

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