

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2014 JUN 27 AM 8: 53

	LIIIIII LIADILII I	<i>7</i> , , , , , , , , , , , , , , , , , , ,	
	(Instructions on back of ap	plication)	SEASTING OF CO.
1. The nan	ne of the limited liability company	' is:	STATE OF INSIDALE
K	AT LOGISTICS SERV		OIME (AT IUAHI)
	nplete street and mailing address	, , .	
(Street Ad	a NORTH 3500 EAST	LEWISVILLE	10 83431
(Sileer Ad	ur <del>css)</del>		
(Mailing A	ddress, if different than street address)	· · · · · · · · · · · · · · · · · · ·	
3. The nan	ne and complete street address o	f the registered agen	t:
ı f			1
KAT	THRYN KUSHWORTH 35	2 NORTH 3500 EAS	ST LEWISVILLE ID 83431
(мате)	(Stre	et Address)	
4. The nan	ne and address of at least one mo	ambar ar managar at	the limited liability
compan		eniber of manager of	the infined hability
oompan.	Name	Add	ress
Karn	HRYN RUSHWORTH 35	2 NOTH 2500 FO	ST LEWISCHILLE ID 83431
13011	HICIN INCHINE 33	A TOLOGIA	ST COMSONIE 25 TO
<u></u>		. <u> </u>	
		····	
			,
	address for future correspondence		
<u>352</u>	NORTH 3500 EAST LEW	ISVILLE ID 834	31
6. Future e	effective date of filing (optional): _		
Signature o	of a manager, member or auth	orized	
erson.	_		Secretary of State use only
.,	NAME OF STATE	I	DAKO SECRETARY OF STATE
Signature	TULLINGUE KUSHWOUL		06/27/2014 05:00
Typed Name	e: KATHKYN KUSHWORTH		<b>48 CT:298438 BH:143106</b> .00 = 100.00 ORGAN LLC
		20.200	
3ignature			
Typed Name	e:		

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