

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

	(Instructions on ba	ack of application)	11 UCT 24 AM 9: 31	
_	,		SECRETARY OF STATE	
١.	The name of the limited liability company is:		STATE OF IDAHO	
		J & L TRUCKING, LLC		
2.	The complete street and mailing addresses of the initial designated/principal office:			
	2221 FRONTIER DR, IDAHO FALLS	ID 83406		
	(Street Address) SAME			
	(Mailing Address, if different than street address	es)		
3.	The name and complete street address of the registered agent:			
	JONATHON C LAMBERT	2221 FRONTIFR DR	2221 FRONTIER DR, IDAHO FALLS, ID 83406	
	(Name)	(Street Address)		
	JONATHON C LAMBERT	2221 FRONTIER DR, IDAHO FALLS, ID 83406		
	LACEY LAMBERT	2221 FRONTIER DR, IDAHO FALLS, ID 83406		
	and the second s			
_	Mailing address for future correspondence (annual report notices):			
ნ.	<del>-</del>			
5.	2221 FRONTIER DR, IDAHO FALLS,	ID 83406		
		··		
	2221 FRONTIER DR, IDAHO FALLS, Future effective date of filing (op	··		
6.		tional):		

Signature \_

person.

Typed Name:

Signature

Typed Name:

JONATHON C LAMBERT

LAMBERT

Secretary of State use only

IDAHO SECRETARY OF STATE 10/24/2011 05:00 CK: HO CK # CT: 263568 BH: 1295349 1 8 100.00 = 100.00 ORGAN LLC # 2