



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

12 JAN -6 AM 9:32

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Perry TRANSPORT LLC

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

1298 IDAHO AVE. #2 IDAHO FALLS, ID. 83402

(Street Address)

(Mailing Address, if different than street address)

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

MICHAEL Perry

(Name)

1298 IDAHO AVE #2 IDAHO FALLS, ID 83402

(Street Address)

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

Name

Address

MICHAEL Perry

1298 IDAHO AVE #2 IDAHO FALLS, ID 83402

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

1298 IDAHO AVE #2 IDAHO FALLS, ID. 83402

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature Michael Perry

Typed Name: MICHAEL PERRY

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
01/06/2012 05:00
CK: 1013 CT: 265675 BH: 1304768
1 @ 100.00 = 100.00 ORGAN LLC # 2

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