

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

## FILED EFFECTIVE

(Instructions on back of application)

2013 MAR 20 PM 2: 27

SECRETARY OF STATE STATE OF IDAHO

| The name of the limited liability com   | pany is:                       | STATE OF WAHU  |
|---|--------------------------------|--|
| Bal   | sizer Trans                    | portation LLC  |
| The complete street and mailing add 26079 market rd Parma Id 83660              | resses of the ir               | nitial designated office:  |
| (Street Address)  |                                |  |
| (Mailing Address, if different than street address)                             |                                |  |
| . The name and complete street address  | ess of the regis               | tered agent:   |
| Elaine Balsizer   | 26079 market rd Parma ID 83660 |  |
| (Name)  | (Street Address)               |  |
| . The name and address of at least or company:  Name                            |                                | Address J Parma id 83660   |
| Elaine Balsizer   |                                |  |
| 5. <b>Mailing address for future correspo</b><br>26079 market rd Parma ld 83660 | ondence (annua                 | al report notices):  |
| 6. Future effective date of filing (option                                      |                                |  |
| Signature of a manager, member of person. Signature                             | authorized                     | Secretary of State use only  |
| Typed Name: Elaine Balsizer   |                                | IDAHO SECRETARY OF STATE 03/20/2013 05=( CK: 3358 CT: 280863 BH: 136: 1 8 190.98 = 100.00 ORGAN LL |
| Signature   |                                | 1 E 180.96 = 190.00 URGHA CL   |
| Typed Name:   |                                | 11122215   |