





STATE OF IDAHO Office of the secretary of state, Phil McGrane CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301 Filing Fee: \$100.00 For Office Use Only

-FILED-

File #: 0005687723

Date Filed: 4/10/2024 4:56:26 PM

| Certificate of Organization Limited Liability Company Select one: Standard, Expedited or Same descriptions below) | e Day Service (see | Standard (filing fee \$100) | |
|---|----------------------|--|---------------|
| 1. Limited Liability Company Name | | | |
| Type of Limited Liability Company | | Limited Liability Company | |
| Entity name | | 5th Dimension Logistix LLC | |
| 2. The complete street address of the principal office is | s: | | |
| Principal Office Address | | TISRA AMPER | |
| | | 784 S. CLEARWATER LOOP B | |
| | | POST FALLS, ID 83854 | |
| 3. The mailing address of the principal office is: | | | |
| Mailing Address | | TISRA AMPER | |
| | | 784 S CLEARWATER LOOP # B POST FALLS, ID 83854-9599 | |
| | | | |
| 4. Registered Agent Name and Address | | NORTHWEST RESISTERED ASSETTING | |
| Registered Agent | | NORTHWEST REGISTERED AGENT LLC Commercial Registered Agent | |
| | | Physical Address | |
| | | 784 S CLEARWATER LOOP STE B | |
| | | POST FALLS, ID 83854 | |
| | | Mailing Address | |
| | | 784 S CLEARWATER LOOP STE B | |
| | | POST FALLS, ID 83854 | |
| ☑ I affirm that the registered agent apport | ointed has consented | to serve as registered agent for this entity. | |
| 5.00 | | | |
| 5. Governors | | | $\overline{}$ |
| 5. Governors Name | | Address | |
| | 645 FAW | Address NBROOK CT | |
| Name | 223 | NBROOK CT | |
| Name | 223 | | |

223

TWIN FALLS, ID 83301

Signature of Organizer:

Tisra A Amper

Sign Here

04/10/2024

Date