

Typed Name:

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY FILED EFFECTIVE

187			- ILLO EFFEW IVE	
TE S	(Instructions on back	of application)	2012 MAR 22 AH 10: 64	
1.	The name of the limited liability con	npany is:	Craries	
		Fuelgistics, LLC	STATE OF SMITE	
2.	The complete street and mailing addresses of the initial designated/principal office: 520 West 15th Street, Idaho Falls, Idaho 83402 (Street Address)			
	(Mailing Address, if different than street address)			
3.	The name and complete street address of the registered agent:			
	Brian T. Tucker	490 Memorial Drive, Id	laho Falls, ID 83402	
	(Name)	(Street Address)		
4.	The name and address of at least one member or manager of the limited liability company:			
	<u>Name</u>		<u>Address</u>	
	Gallatin Group, LLC	520 West 15th Street,	ldaho Falls, ldaho 83402	
	Creg Fielding	520 West 15th Street,	Idaho Falls, Idaho 83402	
		 		
5.	Mailing address for future correspondence (annual report notices):			
	520 West 15th Street, Idaho Falls, Idaho 83402			
6.	6. Future effective date of filing (optional):			
_	nature of a manager, member or	authorized		
pei	son.		Secretary of State use only	
Sig	nature // /			
_	ped Name: Brian T. Tucker, attorney	!		
Sig	nature		IDAHO SECRETARY OF STATE 03/22/2012 05:00 CK: 55685 CT: 2634 BN: 1316388	

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