

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANYOU APR 14 AM 10: 00

71	(instructions on back of a	application)	STARTION		
1.	The name of the limited liability compar	ny is:	STATE OF	10440 10440	
	LaPuzza Trucking, LLC				-
2.	ne complete street and mailing addresses of the initial designated/principal office:				
	1728 East 1800 South; Good (Street Address)	ing ID 83	330		 ' .
	(Mailing Address, if different than street address)	<u> </u>			
3.	The name and complete street address	ered agent:			
	William J. LaPuzza, Jr. 1 (Name)	728 East ireet Address)	1800 South;	Gooding ID	_8333
 The name and address of at least one member or manager of the limited liability company: 					
	Name		Address		
	William J. LaPuzza, Jr. 17	28 East 1	800 South;	Gooding ID	<u>8</u> 3330
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					- · .
5. Mailing address for future correspondence (annual report notices):					
_1728 East 1800 South; Gooding ID 83330					
6.	Future effective date of filing (optional):				·
	nature of organizer(s). (An organizer is a men	nber, or is			
acum	ng in behalf of a member or members).		Secretary of	of State use only	
Sigr	nature () Taking ()	(Ic. PMT			
Тур	ed Name: William J. LaPuzza.	Proforms LC forms/cert_org_fic.PMD		t to the	
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_	ed Name:	Msmv0	Ø4/14 CK: 2032	CT: 22543 BH: 142 : 190.00 ORGAN LI	0080
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