







STATE OF IDAHO

Office of the secretary of state, Lawerence Denney 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 #: 0005038743

12/27/2022

Date

Date Filed: 12/27/2022 10:55:37 AM

1. Limited Liability Company Name Type of Limited Liability Company Entity name T. Finn Transport LLC 2. The complete street address of the principal office is: Principal Office Address Principal Office Address 3300 E LARSON DR IDAHO FALLS, ID 83401 3. The mailing address of the principal office is: Mailing Address Mailing Address Registered Agent Name and Address Registered Agent Name and Address Registered Agent Registered Agent Registered Agent Registered Agent Address 784 S CLEARWATER LOOP STE R POST FALLS, ID 83854 Mailing Address 784 S CLEARWATER LOOP STE R POST FALLS, ID 83854 Mailing Address 784 S CLEARWATER LOOP STE R POST FALLS, ID 83854 Mailing Address Address Address Name Address Address	Certificate of Organization Limited Liability Company Select one: Standard, Expedited or Same Day Service (see descriptions below)		Standard (filing fee \$100)	
Entity name T. Finn Transport LLC 2. The complete street address of the principal office is: Principal Office Address 3300 E LARSON DR IDAHO FALLS, ID 83401 3. The mailing address of the principal office is: Mailing Address 3300 E LARSON DR IDAHO FALLS, ID 83401-5053 4. Registered Agent Name and Address Registered Agent REGISTERED AGENTS INC Commercial Registered Agent Physical Address 784 S CLEARWATER LOOP STE R POST FALLS, ID 83854 Mailing Address 784 S CLEARWATER LOOP STE R POST FALLS, ID 83854 Mailing Address 784 S CLEARWATER LOOP STE R POST FALLS, ID 83854 Mailing Address 784 S CLEARWATER LOOP STE R POST FALLS, ID 83854 Address Address Name Address				
2. The complete street address of the principal office is: Principal Office Address 3300 E LARSON DR IDAHO FALLS, ID 83401 3. The mailing address of the principal office is: Mailing Address 3300 E LARSON DR IDAHO FALLS, ID 83401-5053 4. Registered Agent Name and Address Registered Agent REGISTERED AGENTS INC Commercial Registered Agent Physical Address 784 S CLEARWATER LOOP STE R POST FALLS, ID 83854 Mailing Address 784 S CLEARWATER LOOP STE R POST FALLS, ID 83854 Mailing Address 784 S CLEARWATER LOOP STE R POST FALLS, ID 83854 I affirm that the registered agent appointed has consented to serve as registered agent for this entity. 5. Governors Name Address	Type of Limited Liability Company			
Principal Office Address 3300 E LARSON DR IDAHO FALLS, ID 83401 3. The mailing address of the principal office is: Mailing Address 4. Registered Agent Name and Address Registered Agent Registered Agent Registered Agent Physical Address Registered Agent Address 784 S CLEARWATER LOOP STE R POST FALLS, ID 83854 Mailing Address 784 S CLEARWATER LOOP STE R POST FALLS, ID 83854 Mailing Address 784 S CLEARWATER LOOP STE R POST FALLS, ID 83854 Mailing Address 784 S CLEARWATER LOOP STE R POST FALLS, ID 83854 Address Address Address Name Address	Entity name		T. Finn Transport LLC	
3. The mailing address of the principal office is: Mailing Address 3300 E LARSON DR IDAHO FALLS, ID 83401-5053 4. Registered Agent Name and Address Registered Agent REGISTERED AGENTS INC Commercial Registered Agent Physical Address 784 S CLEARWATER LOOP STE R POST FALLS, ID 83854 Mailing Address 784 S CLEARWATER LOOP STE R POST FALLS, ID 83854 I affirm that the registered agent appointed has consented to serve as registered agent for this entity. 5. Governors Name Address	2. The complete street address of the p	rincipal office is:		
Mailing Address 3300 E LARSON DR IDAHO FALLS, ID 83401-5053 4. Registered Agent Name and Address Registered Agent REGISTERED AGENTS INC Commercial Registered Agent Physical Address 784 S CLEARWATER LOOP STE R POST FALLS, ID 83854 Mailing Address 784 S CLEARWATER LOOP STE R POST FALLS, ID 83854 Mailing Address 784 S CLEARWATER LOOP STE R POST FALLS, ID 83854 I affirm that the registered agent appointed has consented to serve as registered agent for this entity. 5. Governors Name Address	Principal Office Address			
IDAHO FALLS, ID 83401-5053 4. Registered Agent Name and Address Registered Agent Registered Agent Physical Address 784 S CLEARWATER LOOP STE R POST FALLS, ID 83854 Mailing Address 784 S CLEARWATER LOOP STE R POST FALLS, ID 83854 Mailing Address 784 S CLEARWATER LOOP STE R POST FALLS, ID 83854 I affirm that the registered agent appointed has consented to serve as registered agent for this entity.	5. The mailing address of the principal of	office is:		
Registered Agent REGISTERED AGENTS INC Commercial Registered Agent Physical Address 784 S CLEARWATER LOOP STE R POST FALLS, ID 83854 Mailing Address 784 S CLEARWATER LOOP STE R POST FALLS, ID 83854 I affirm that the registered agent appointed has consented to serve as registered agent for this entity. 5. Governors Name Address	Mailing Address			
Commercial Registered Agent Physical Address 784 S CLEARWATER LOOP STE R POST FALLS, ID 83854 Mailing Address 784 S CLEARWATER LOOP STE R POST FALLS, ID 83854 I affirm that the registered agent appointed has consented to serve as registered agent for this entity. 5. Governors Name Address		;		
784 S CLEARWATER LOOP STE R POST FALLS, ID 83854 Mailing Address 784 S CLEARWATER LOOP STE R POST FALLS, ID 83854 I affirm that the registered agent appointed has consented to serve as registered agent for this entity. 5. Governors Name Address	Registered Agent			
POST FALLS, ID 83854 Mailing Address 784 S CLEARWATER LOOP STE R POST FALLS, ID 83854 I affirm that the registered agent appointed has consented to serve as registered agent for this entity. 5. Governors Name Address			•	
784 S CLEARWATER LOOP STE R POST FALLS, ID 83854 I affirm that the registered agent appointed has consented to serve as registered agent for this entity. 5. Governors Name Address				
POST FALLS, ID 83854 I affirm that the registered agent appointed has consented to serve as registered agent for this entity. 5. Governors Name Address				
5. Governors Name Address				
Name Address	I affirm that the registered	agent appointed has consented	I to serve as registered agent for this entity.	
	. Governors			
	Name		Address	
IDAHO FALLS, ID 83401	Tory Finn	3300 E LARSON DR IDAHO FALLS, ID 83401		

Tory Finn

Sign Here