



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2015 FEB -2 AM 10:10

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

ConCo Trucking, LLC

2. The complete street and mailing addresses of the initial designated office:

2613 Laguna Dr, Idaho Falls, ID 83404

(Street Address)

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

Connie S Hafen

(Name)

2613 Laguna Dr, Idaho Falls, ID 83404

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

Name

Address

Connie S Hafen

2613 Laguna Dr, Idaho Falls, ID 83404

5. Mailing address for future correspondence (annual report notices):

2613 Laguna Dr, Idaho Falls, ID 83404

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature

Typed Name: Connie S Hafen

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE

02/02/2015 05:00

CK:1369 CT:305900 BH:1459858

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