Certificate of ORGANIZATION Instructions on back of application) Instructions on back of application Instructions of the registered agent: Instruction application Instruction and address of at least one member or manager of the limited liability Instructions of at least one member or manager of the limited liability Instructions of a manager, member on authorized Instructions of a manager, member or authorized Instructions of a manager, member or authorized Instruction of a manager, member or authorized Instruct			
1. The name of the limited liability company is: SECRETARY OF STATE ConCo Trucking, LLC 2010 Crucking, 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: 2613 Laguna Dr, Idaho Falls, ID 83404 (Name) (Street Address) 4. The name and address of at least one member or manager of the limited liability company: Mame Mame Address Connie S Hafen 2613 Laguna Dr, Idaho Falls, ID 83404 (Name) 2613 Laguna Dr, Idaho Falls, ID 83404			FILED EFFECTIVE
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