

251

**CERTIFICATE OF ORGANIZATION
LIMITED LIABILITY COMPANY**

(Instructions on back of application)

FILED EFFECTIVE

2010 AUG 13 PM 12:50

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Max Keller Trucking LLC

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

8324 South Crystal Springs Road

(Street Address)

PO Box 452, McCammon, ID 83250

(Mailing Address, if different than street address)

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

R. Max Keller

(Name)

8324 South Crystal Springs Road

(Street Address)

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

Name**Address**R. Max KellerPO Box 452, McCammon, ID 83250

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

PO Box 452, McCammon, ID 83250

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

Signature of a manager, member or authorized person.

Signature

Typed Name: R. Max Keller

Secretary of State use only

Signature _____

Typed Name: _____

W 95594

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IDAHO SECRETARY OF STATE
08/13/2010 05:00
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