

CERTIFICATE OF ORGANIZATION 11 APR 11 PM 12: 37

(Instructions on back of application)

SECRET RY OF STATE

 The name of the limited liability co 	ompany is:	OF IDAHO
	EWAK HANDLING #2, LLC	
The complete street and mailing a 14259 North Cleveland Road Presto	ddresses of the initial c	lesignated/principal office:
(Street Address) PO Box 308 Grace, Idaho (Mailing Address, if different than street address)	83241	
3. The name and complete street add	dress of the registered	agent:
Charles E Miller (Name)	14259 N Cleveland Rd (Street Address)	Preston, ID 83263
The name and address of at least of company:	one member or manag	er of the limited liability
<u>Name</u>		Address
Universal Financial Solutions, Inc.	14259 N Cleveland Rd	Preston, ID 83263
	·	
 Mailing address for future correspondence PO Box 308 Grace, ID 83241 	ndence (annual report r	notices):
6. Future effective date of filing (option	nal):	
Signature of a manager, member or person.	authorized	
Signature muindinning fithering	my flee	Secretary of State use only
Typed Name: Universal Financial Solutions,	Hickory !	
Signature		IDAHO SECRETARY OF STATE
Typed Name:		CK: 533 CT: 257653 BH: 1268642 1 0 100.00 = 100.00 DRGAN LLC # 2

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