



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

**FILED EFFECTIVE**  
09 FEB -6 AM 11:10

(Instructions on back of application)

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Rochester Trucking LLC

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

22450 Stateline Rd Parma, ID 83660

(Street Address)

(Mailing Address, if different than street address)

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

Josh Rochester

22450 Stateline Rd Parma, ID 83660

(Name)

(Street Address)

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

**Name**

**Address**

Josh Rochester

22450 Stateline Rd Parma, ID 83660

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

22450 Stateline Rd Parma, ID 83660

6. Future effective date of filing (optional):

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature

Typed Name: Josh Rochester

Signature

Typed Name:

Secretary of State use only

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Revised 07/2008

IDAHO SECRETARY OF STATE  
02/06/2009 05:00  
CK: 198987 CT: 172899 DN: 1155857  
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