

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY 11 DEC -7 AM 10: 59

(Instructions on back of application)

STATE OF STATE

	SIALE OF I	JARU
1.	The name of the limited liability company is:	-
	Stateline Transport LLC	<u></u>
2.	2. The complete street and mailing addresses of the initial designated office:	
	15977 Fruntire Rd Caldwell, 10 8:	2/1/2
	(Street Address)	SUUT
		<u> </u>
	(Mailing Address, if different than street address)	
3.	3. The name and complete street address of the registered agent:	
	Drew Blessinger 15977 Guntive Rd. Cale (Name) (Street Address)	<u>lwell</u> ,/D 3 <i>36</i> 07
4.	4. The name and address of at least one member or manager of the limited liability company:	
	Name Address	
	Drew Blessinger 15977 Gunfire Rd. Caldwell, 10	83607
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5	5. Mailing address for future correspondence (annual report notices):	
	15977 Gunfire Rd. Caldwell, ID 83607	
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6.	Future effective date of filing (optional):	
Sia	signature of a manager, member or authorized	
_	erson.	
	Secretary of State use on	У
Sia	signature / Hen Flessmer	
_		
ı yp	yped Name: Drew Blessinger	AP DTATE
	19/07/2011	OF STATE 05:00
Sig	CK; 847968 CT: 172899	BH: 1380682 ORGAN LLC # 2
Typ	vped Name:	AUGHU FFO # F

cert_org_lic Rev. 07/2010

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