



STATE OF IDAHO

Office of the secretary of state, Phil McGrane
**CERTIFICATE OF ORGANIZATION LIMITED
LIABILITY COMPANY**

Idaho Secretary of State
PO Box 83720
Boise, ID 83720-0080
(208) 334-2301
Filing Fee: \$100.00

For Office Use Only

-FILED-

File #: 0005478290

Date Filed: 11/14/2023 2:09:26 PM

| Certificate of Organization Limited Liability Company | | | | | |
|--|---|------|---------|---------------|---|
| Select one: Standard, Expedited or Same Day Service (see descriptions below) | | | | | |
| Standard (filing fee \$100) | | | | | |
| 1. Limited Liability Company Name | | | | | |
| Type of Limited Liability Company | Limited Liability Company | | | | |
| Entity name | Palmer Transportation LLC | | | | |
| 2. The complete street address of the principal office is: | | | | | |
| Principal Office Address | ROB PALMER 715 MORaine CT. #15 DRIGGS, ID 83422 | | | | |
| 3. The mailing address of the principal office is: | | | | | |
| Mailing Address | ROB PALMER 715 MORaine CT UNIT 15 DRIGGS, ID 83422-5240 | | | | |
| 4. Registered Agent Name and Address | | | | | |
| Registered Agent | RONALD L SWAFFORD ESQ Registered Agent Physical Address 525 9TH ST IDAHO FALLS, ID 83404 Mailing Address 83401-4119 | | | | |
| <input checked="" type="checkbox"/> I affirm that the registered agent appointed has consented to serve as registered agent for this entity. | | | | | |
| 5. Governors | | | | | |
| <table border="1"> <thead> <tr> <th>Name</th> <th>Address</th> </tr> </thead> <tbody> <tr> <td>Robert Palmer</td> <td>ROB PALMER 715 MORaine CT UNIT 15 DRIGGS, ID 83422-5240</td> </tr> </tbody> </table> | | Name | Address | Robert Palmer | ROB PALMER 715 MORaine CT UNIT 15 DRIGGS, ID 83422-5240 |
| Name | Address | | | | |
| Robert Palmer | ROB PALMER 715 MORaine CT UNIT 15 DRIGGS, ID 83422-5240 | | | | |
| Signature of Organizer: | | | | | |
| <i>Robert Palmer</i> | | | | | |
| Sign Here | 11/14/2023 | | | | |
| Date | | | | | |