



**CERTIFICATE OF ORGANIZATION  
LIMITED LIABILITY COMPANY**

(Instructions on back of application)

**FILED EFFECTIVE**

2012 OCT 22 AM 10: 02

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

H-N-H Transportation LLC

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

365 Carol Ave Idaho Falls ID 83401  
(Street Address)

(Street Address)

(Mailing Address, if different than street address)

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

Amanda M Hackworth 365 Carol Ave Idaho Falls ID  
(Name) (Street Address) 83401

(Name)

(Street Address)

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

**Name****Address**

Amanda M. Hackworth 365 CAROL Ave Idaho Falls ID 83401

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

365 Carol Ave Idaho Falls ID 83401

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of a manager, member or authorized person.

Signature Manda Hackworth

Typed Name: Amanda Hackworth

Signature \_\_\_\_\_

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE  
10/22/2012 05:00  
CK: 284275976553 CT: 275507 BH: 1344677  
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