

## CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application) AUG 23 AM 9: 05

1. The name of the limited liability compan	The state of the s
Busy Bees Transportation	
2. The complete street and mailing address	
1507 W Edwards Loop, No (Street Address)	Impa, ID 83686
(Mailing Address, if different than street address)	
3. The name and complete street address	of the registered agent:
Kimberley Losee 1:	507 W Edwards Loop reet Address) lampa, ID 83686
^	lampa, ID 85686
4. The name and address of at least one more company:	nember or manager of the limited liability
<u>Name</u>	Address ,
Kimberley Losee 1:	507 W Edwards Loop, Nampa, ID 83686
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5. Mailing address for future correspondent	ce (annual report notices):
1507 W Edwards Loop, No	mea. ID 83686
6. Future effective date of filing (optional):	
Signature of a manager, member or autiperson.	horized
•	Secretary of State use only
Signature Kemberley Losee.	
Signature Kimberley Losee.  Typed Name: Kimberley Losee	
Signature	10AHU SECRETARY OF STATE 98/23/2013 95:99
Typed Name:	1 9 20.00 = 20.00 EXPEDITE C # 3

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