

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

| | LIMITED LIABILITY COM | IPANY |
|--|--|--|
| | (Instructions on back of applicati | on) Maria se |
| 1. The name of the limited liability company is: | | |
| | ilver Fox Express, UC | |
| 2. The complete street and mailing addresses of the initial designated office: | | |
| (Mailing Ad | ddress, if different than street address) | |
| 3. The name and complete street address of the registered agent: | | |
| (Name) | ary Lou Paulsen 569 S. (Street Addre | Park Ave, Shelley ID 83274 |
| The name and address of at least one member or manager of the limited liability company: | | |
| Mary | Jon Paulsen 569 | S. Park Ave, Shelley ID 83274 |
| | | |
| - | | |
| | address for future correspondence (ann 9 S. Park Ac , Shelley | |
| 6. Future e | ffective date of filing (optional): | |
| Signature o | f a manager, member or authorized | l |
| • | \mathcal{L} | Secretary of State use only |
| Signature | | |
| ryped Name | e: Mary lon Paulsen | |
| Signature | | IDAHO SECRETARY OF STATE 02/25/2013 05:00 |
| - | 9: | CK: 1082 CT: 279882 BH: 1361593 1 8 100.00 = 100.00 ORGAN LLC # 2 |

cert_org_lic Rev. 07/2010

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