

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

11 APR 27 AM 8: 25

1.	The name of the limited liability con	mpany is: SECRE FRY OF STATE STATE OF IDAHO
	Step by	y Step Moving & Transport LLC
2.	The complete street and mailing ac 640 N. Johnson Pocatello ID 83204 (Street Address)	ddresses of the initial designated/principal office:
	(Mailing Address, if different than street address)	
3.	The name and complete street address of the registered agent:	
	Robert C. Pulling	640 N. Johnson Pocatello ID 83204
	(Name)	(Street Address)
4.	The name and address of at least of company:	one member or manager of the limited liability
	Name	Address
	Robert C. Pulling	640 N. Johnson Pocatello ID 83204
	•	
	<u></u>	
5.	Mailing address for future correspondence (annual report notices):	
	640 N. Johnson Pocatello ID 83204	
6.	Future effective date of filing (option	nal):
Sig	nature of a manager, member or	authorized
	son.	
	nature Robert C. Pulli	Secretary of State use only
_		
Typ	ped Name: Robert C. Pulling	
C:~	nak m	IDAHO SECRETARY OF STATE
OIG	nature	A /27/2011 05:00

IDAHO SECRETARY OF STATE

04/27/2011 05:00

CK: 14264535520 CT: 258211 BH: 1271133
1 0 100.00 = 100.00 ORGAN LLC # 2

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Typed Name: