

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

	P.O.
. The name of the limited liability co	ompany is:
WAGNER HAULING, LLC	
. The street address of the initial reg	nistered office is:
505 PARK TERRACE TWIN FAL	
303 FARR TERRACE TWIN FAL	_LG, IDANO 63301
and the name of the initial registere	ed agent at the above address is:
NICK A WAGNER	
3. The mailing address for future corr	respondence is:
P.O. BOX 5683 TWIN FALLS, II	DAHO 83303-5683
4. The limited liability company will be	a•
Manager-managed ✓ or Memb	per-managed (please check the appropriate box)
5. If manager-managed, list the name	e(s) and address(es) of at least one initial manager.
If member-managed, list the name	e(s) and address(es) of at least one initial member.
Name	<u>Address</u>
NICK WAGNER	P.O. BOX 5683 TWIN FALLS, ID 83303
LISA WAGNER	P.O. BOX 5683 TWIN FALLS, ID 83303
LIGA WAGNER	F.O. BOX 3003 TWINT ALLO, ID 03303
6. Signature of at least one person re	esponsible for forming the limited liability company:
Signatura (1) it 11 Brown	241
Signature: // // // // // // Typed Name: NICK WAGNER	Secretary of State use only
Capacity: OWNER	186
D- C 1	J September 2
Signature Sisa Magn	IDAHO SECRETARY OF STATE 95/14/2008 25:
Typed Name: LISA WAGNER	CX: 1802 CT: 225953 8H: 1114 1 9 100.00 = 108.00 ORGAN LL 1 9 20.00 = 20.00 EXPEDITE
Capacity: OWNER	I # CO. BO = CO. BO EXPENSE

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