

Typed Name: MS

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

## FILED EFFECTIVE

(Instructions on back of application)

2014 JAN 15 AM 9: 02

1.	The name of the limited liability com	npany is:
	tisher Transp	
2.	The complete street and mailing add  393 E. 154  (Street Address)  (Mailing Address, if different than street address)	dresses of the initial designated office:
3.	The name and complete street address of the registered agent:	
	Samuel Fisher (Name)	3923 E. 154 N. Rigby (Street Address) 12aho 83442
4.	. The name and address of at least one member or manager of the limited liability company:	
	<u>Name</u>	Address
	Samuel fisher	3923 E. 154N.
	Misty-fisher	SAME?
5. Mailing address for future correspondence (annual report notices):  3933 E. 154 N. Rigar 1D 83442		
6. Future effective date of filing (optional):		
Signature of a manager, member or authorizedperson.		
Signature Same: Samuel Tisher  Secretary of State use only  W (33197)		
IDAHO SECRETARY OF STATE  11/15/2014 05:00  CK: NO CK # CT: 291761 BH: 1406052  1 0 100.00 = 100.00 ORGAN LLC # 2		

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