



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

09 FEB -9 AM 11:58

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

ACT TOWING, LLC

2. The complete street and mailing addresses of the initial designated/principal office:

641 TIFFANY MERIDIAN, IDAHO 83646

(Street Address)

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

TERRI BENSON

641 TIFFANY MERIDIAN, IDAHO 83646

(Name)

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

Name

Address

TERRI BENSON

641 TIFFANY MERIDIAN, IDAHO 83646

5. Mailing address for future correspondence (annual report notices):

641 TIFFANY MERIDIAN, IDAHO 83646

6. Future effective date of filing (optional): _____

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature TERRI BENSON

Typed Name: TERRI BENSON

Signature _____

Typed Name: _____

Secretary of State use only

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Revised 07/2008

IDAHO SECRETARY OF STATE
02/09/2009 05:00
CK: 1009 CT: 230229 DN: 1156209
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