CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPAN 99 JUL 14 AM 10: 14

(Instructions on back of application)

SECRETARY OF STATE STATE OF IDAHO

The name of the limited liability compar	ny is: STATE OF IDAHO
	Overnight Delivery, LLC
The complete street and mailing addres	ses of the initial designated/principal office:
	St. D, Boise, ID 83714
(Street Address)	
(Mailing Address, if different than street address)	
The name and complete street address	of the registered agent:
Vcorp Services, LLC	8707 W. State St. D, Boise, ID 83714
	Street Address)
The name and address of at least one a company: Name	member or manager of the limited liability Address
Juan Pena	2505 S. Federal Way #202, Boise, ID 83705
	 :
 Mailing address for future corresponde 	nce (annual report notices):
2505 S. Federal	Way #202, Boise, ID 83705
- Continue (outline)	
Future effective date of filing (optional)	
ignature of organizer(s). (An organizer is a me	ember or is
cting in behalf of a member or members).	
1 in	Secretary of State use only
Signature / Alle	
yped Name: Angela McSharry	IDANO SECRETARY OF ST ### ### ### ### ###################
\mathcal{U}	IDANO SECRETARY OF ST
Signature	3
Typed Name:	1 0 196.00 = 190.06 prop
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