

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY FILED EFFECTIVE

(Instructions on back of application)

11 MAY 11 AM 8: 42

The name of the limited liability cor MITCHELL TRUCK	STATE OF IDAMO
2. The complete street and mailing ad LADA JEWEL WAY (Street Address)	dresses of the initial designated/principal office:
(Mailing Address, if different than street address)	
3. The name and complete street address of the registered agent:	
SHANNON MITCHELL (Name)	16409 JEWEL WAY CALDWAL, 10 83607 (Street Address)
4. The name and address of at least one member or manager of the limited liability company:	
Name	Address
SHANNON MITCHELL	16409 Jana-Way CALOWELL, 1083607
JEFF MHOHEL	16409 Jana WAY OPLDWAL 10 03607
HANN MITCHELL	PD POX 696 ENTERPRISE UT 84-725
LONA MITCHELL	PO BOX 6916 ENTERPRISE, LIT 84725
5. Mailing address for future correspondence (annual report notices): 1040 9 FWEL WHY OFFICHEL, 10 BHOT	
6. Future effective date of filing (optional):	
Signature of a manager, member or authorized person.	
Signature Manan Har	Secretary of State use only
Typed Name: STANNON MITCHE	<u>u</u>
Signature	IDAHO SECRETARY OF STATE 05/11/2011 05:00 CK: 2389 CT: 258691 BH: 1273191 1 8 100.00 = 100.00 ORGAN LLC # 2
Typed Name:	

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