

Signature___

Typed Name: ____

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2009 JAN 15 AM 8: 45

	(manactions on pack or i		Anterior of the services
1.	The name of the limited liability compa	St nvis:	CRETARY OF STATE
	• •	e Transport, L.L.C.	STATE OF IDAHO
_			
2.			
		Overland Ave	
	(Street Address)	ey, ID 83318	
	(Malling Address, if different than street address)		
3.	The name and complete street address of the registered agent:		
	Kerry L. Arritt	1734 Overland Ave. Burls	y, ID 83318
	(Name) (S	itreet Address)	
١.	The name and address of at least one member or manager of the limited liability company:		
	<u>Name</u>	Address	•
	Kerry L. Arritt	1734 Overland Ave. Burle	y, ID 83318
			· · · · · · · · · · · · · · · · · · ·
			7.2
	Mailing address for future corresponder	nce (annual report notices):	
	1734 Overland	l Ave Burley, ID 83318	
i .	Future effective date of filing (optional):		
			* 51
igı	nature of organizer(s). (An organizer is a me	mber, or is	
ctir	g in behalf of a member or members).	Secretary	of State use only
i	Norman Karel S March	Q S	or white does willy
_	nature / My / Arritt	Lorg Mc.PMD	
yр	ed Name: Kerry L. Arritt	ž	

IDAHO SECRETARY OF STATE
01/15/2009 05:00
CX: 1 CT: 233133 BH: 1152465
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