



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

**FILED EFFECTIVE**

10 DEC 30 AM 8:49

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Bob Ross Trucking LLC

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

254 Lakeshore Drive Sagle, ID 83860

(Street Address)

(Mailing Address, if different than street address)

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

Bob Ross

(Name)

254 Lakeshore Drive Sagle, ID 83860

(Street Address)

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

Name

Address

Bob Ross

254 Lakeshore Drive Sagle, ID 83860

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

254 Lakeshore Drive Sagle, Idaho 83860

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of a manager, member or authorized person.

Signature *Bob Ross*

Typed Name: Bob Ross

Signature \_\_\_\_\_

Typed Name: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE  
12/30/2010 05:00  
CK: 1404 CT: 253806 BH: 1253018  
1 @ 100.00 = 100.00 ORGAN LLC # 2

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