



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

10 JUL 19 AM 8:51

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

TRIPLE R TRUCKING LLC

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

1199 OLD HIGHWAY 7, GRANGEVILLE, ID 83530

(Street Address)

PO BOX 610, GRANGEVILLE, ID 83530

(Mailing Address, if different than street address)

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

DENNIS ROBINSON

(Name)

1199 OLD HWY 7 GRANGEVILLE, ID 83530

(Street Address)

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

NameAddress

DENNIS ROBINSON

PO BOX 610, GRANGEVILLE, ID 83530

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

PO BOX 610, GRANGEVILLE, ID 83530

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

Typed Name:

DENNIS ROBINSON

Signature

Typed Name:

Secretary of State use only

W94945

IDAHO SECRETARY OF STATE

07/19/2010 05:00

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