

State of Rhode Island and Providence Plantations Department of State - Business Services Division

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

Application for Registration Foreign Limited Liability Company

Filing Fee: \$150.00

Pursuant to the provisions of RIGL 7-16-49, the undersigned foreign limited liability company hereby applies for	а
Certificate of Registration to transact business in the state of Rhode Island, and for that purpose submits the fol	lowing
statement:	

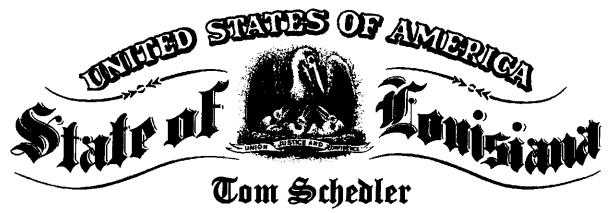
statement.						
1. The name of the limited liability comp	pany is:					
Bridger Transportation, LLC						
Is this company organized in its state or country of formation as a low-profit limited liability company? Yes No						
The name, if different, under which it pr	roposes to register a	nd transact busi	ness in Rhode Island is:			
2. The LLC is organized under the laws	Louisiana					
3. The date of its organization is: 04/28/2004				2016	 ഗ	
And the period of its duration is: CHEC	K ONLY ONE BOX	<u> </u>		APR	222	
Perpetual (on-going)				⊼ रे ।	870	
Date certain for dissolution						
	nt agant/office in Ph	ado tolond io:		<u> </u>	<u>> 00 €</u>	
4. The name and address of the resident agent/office in Rhode Island is:					SS	
Agent Name CT Corporation System					ZE SE	
Street Address (NOT a P.O. Box) 450	Parki Veterans Highw	ນ ຜ ິງ ay , Suite 7A				
City/Town East Providence	State RHODE	ISLAND	Zip Code 02914			
The Department of State is appointed time there is no resident agent or if the diligence.						
6. The address of any office required to limited liability company is organized is:		state or other j	urisdiction under the laws o	f which	the	
2009 Chenault Drive, Suite 100	, Carroliton, Tex	as 75006				

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Form No. 450 Revised: 2016

7. The mailing address for the limited liability company is:								
2009 Chenault Drive, Suite 100, Carrollton, Texas 75006								
8. Management of the Limited Liability Company:								
The limited liability company is managed:								
By its members (If you have checked this box, go to Section 9. (DO NOT fill out the chart below.)								
By one (1) or more managers (List managers below)								
MANAGER	ADDRESS							
Bridger Logistics, LLC	2009 Chenault Drive, Suite 100, Carrollton, Texas 75006							
9. This application is accompanied by a Certificate of Good Standing/Letter of Status issued by the proper officer of the state or country under the laws of which it is formed that is dated within 60 days of the filing of this document.								
10. Date when this application for Certificate of Registration will be effective: CHECK ONLY ONE BOX								
Date received (Upon filing)								
Later effective date (Date must be no more than 30 days from the day of filing)								
Under penalty of perjury, I declare and affirm that I have examined this Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct.								
Signature of Authorized Person	1111	Type or Print Name of LLC	Date					
All I		Bridger Transportation, LLC	03/31/2016					

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.



SECRETARY OF STATE

As Secretary of State of the State of Louisiana, I do hereby Certify that

BRIDGER TRANSPORTATION, LLC

A limited liability company domiciled in BATON ROUGE, LOUISIANA,

Filed charter and qualified to do business in this State on April 28, 2004,

I further certify that the records of this Office indicate the company has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned, is in good standing and is authorized to do business in this State.

I further certify that this certificate is not intended to reflect the financial condition of this company since this information is not available from the records of this Office.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on.

March 31, 2016

Certificate ID: 10696497#9ES93

To validate this certificate, visit the following web site, go to Business Services, Search for Louisiana Business Filings, Validate a Certificate, then follow the instructions displayed.

www.sos.la.gov

Web 35694742K

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

Nellie M. Gorbea
Secretary of State

Tullin U. Horler

