







## STATE OF IDAHO Office of the secretary of state, Phil McGrane **CERTIFICATE OF ORGANIZATION LIMITED** LIABILITY COMPANY

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301 Filing Fee: \$100.00

For Office Use Only

-FILED-

File #: 0005520638

Date

Date Filed: 12/18/2023 6:06:34 PM

| Certificate of Organization Limited Liability Co<br>Select one: Standard, Expedited of<br>descriptions below) |                                    | Expedited (+\$40; filing fee \$140)             |  |
|---|------------------------------------|---|--|
| 1. Limited Liability Company Name   |                                    |   |  |
| Type of Limited Liability Company   |                                    | Limited Liability Company                       |  |
| Entity name   |                                    | SCHLAHT FAMILY TRUCKING LLC                     |  |
| The complete street address of the principal office is:     Principal Office Address                          |                                    | 918 NORTH CENTER WAY<br>STAR, ID 83669          |  |
| 3. The mailing address of the principal office  | s:                                 |   |  |
| Mailing Address   |                                    | 918 N CENTER WAY<br>STAR, ID 83669-6504         |  |
| 4. Registered Agent Name and Address  |                                    |   |  |
| Registered Agent  |                                    | Registered Agent                                |  |
|   |                                    | Arlin Schlaht                                   |  |
|   |                                    | Physical Address: 918 NORTH CENTER WAY          |  |
|   |                                    | STAR, ID 83669                                  |  |
|   |                                    | Mailing Address:                                |  |
|   |                                    | 918 N CENTER WAY                                |  |
|   |                                    | STAR, ID 83669-6504                             |  |
| I affirm that the registered age  | nt appointed has consented         | d to serve as registered agent for this entity. |  |
| 5. Governors  |                                    |   |  |
| Name  |                                    | Address   |  |
| Arlin Schlaht   | 918 NORTH CENTER<br>STAR, ID 83669 | 918 NORTH CENTER WAY<br>STAR, ID 83669          |  |
|   | ·                                  |   |  |
| Signature of Organizer:   |                                    |   |  |
| Arlin Schlaht   |                                    | 12/18/2023                                      |  |

Sign Here