

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

	(Instructions on bac	k of application)
1.	The name of the limited liability co	ompany is: SECTION STATE OF DATA
	SCHLIEPER HAULING, LLC	omis (is in the
2.	2. The complete street and mailing addresses of the initial designated office: 504 NORTH JUNCTION, GRANGEVILLE, IDAHO 83530 (Street Address) P O BOX 303, GRANGEVILLE, IDAHO 83530-0303	
	(Mailing Address, if different than street address)	
3.	The name and complete street address of the registered agent:	
	TERRY L SCHLIEPER	504 NORTH JUNCTION, GRANGEVILLE, ID 83530
	(Name)	(Street Address)
4.	The name and address of at least company: Name TERRY L SCHLIEPER	Address 504 NORTH JUNCTION, GRANGEVILLE, ID 83530
5.	Mailing address for future correspondence (annual report notices): P O BOX 303, GRANGEVILLE, IDAHO 83530-0303	
6.	Future effective date of filing (optio	nal):
_	nature of a manager, member o son.	r authorized
Sig	nature Yuy 2 Sch	Secretary of State use only

Typed Name: TERRYL SCHLIEPER

Signature_ Typed Name: _____ IDAHO SECRETARY OF STATE

04/01/2013 05:00

CK: 4562 CT: 281359 BH: 1367323
1 @ 100.00 = 100.00 ORGAN LLC # 2

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