





## 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-

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| Certificate of Organization Limited Liability Company Select one: Standard, Expedited or Same Day descriptions below) | Service (see Standard (filing fee \$100)                      |
|---|---|
| Limited Liability Company Name     Type of Limited Liability Company  | Limited Liability Company                                     |
| Entity name   | Class 5 Shuttles LLC  |
| The complete street address of the principal office is:   |   |
| Principal Office Address  | 13 NORTH CHEROKEE ROAD<br>SALMON, ID 83467                    |
| 3. The mailing address of the principal office is:  |   |
| Mailing Address   | 13 N CHEROKEE RD<br>SALMON, ID 83467-5343                     |
| 4. Registered Agent Name and Address  |   |
| Registered Agent  | Registered Agent Sue Carlson Physical Address:                |
|   | 802 COURTHOUSE DRIVE<br>SALMON, ID 83467<br>Mailing Address:  |
|   | 802 COURTHOUSE DR<br>SALMON, ID 83467-3235                    |
| ☑ I affirm that the registered agent appointed  | I has consented to serve as registered agent for this entity. |
| 5. Governors  |   |
| Name  | Address   |
| Amanda Ann Iveson   | 13 NORTH CHEROKEE ROAD<br>SALMON, ID 83467                    |
| Signature of Organizer:   |   |
| Amanda A Iveson   | 01/31/2025  |
| Sign Here   | Date  |