

**FILED EFFECTIVE**

251



# **CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY**

(Instructions on back of application)

2015 DEC 15 AM 9:53

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Schaffner Property Management LLC

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

909 Main Street, Salmon, ID 83467

(Street Address)

(Mailing Address, if different than street address)

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

Susan Schaffner

(Name)

909 Main Street, Salmon, ID 83467

(Street Address)

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

**Name****Address**Susan Schaffner909 Main Street, Salmon, ID 83467

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

909 Main St Salmon ID 83467

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of a manager, member or authorized person.

Signature

EQ StahlTyped Name: Edward Stahl, Authorized Person

Signature

Typed Name: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

12/15/2015 05:00

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