

CERTIFICATE OF ORGANIZATIONLED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

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he name of the limited I	The Schultz Com	SECHE STAT	E OF
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•	maning addresses of th 27 South Alaska Way, Meric	e initial designated/principal offi	ice.
(Street Address)	er ocual Alacka VVay, Mich	iiaii, idailo ovo-12	
(Mailing Address, if different then str	ned address)		
The name and complete	•	gistered agent:	
Scott A. Techirgi	401 West	Front Street, Suite 401, Boise, ID 83	702
(Name)	(Street Address)	-
he name and address of ompany:	f at least one member of	or manager of the limited liability	y
Name		Address	٠
Matthew Schultz	2127 So	uth Alaska Way, Meridian, Idaho 838	42
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	N.		
failing address for future	correspondence (anni	ual report notices):	
212	27 South Alaska Way, Merk	dian, Idaho 83642	
Future effective date of fil	ing (optional):		
ature of organizer(s). (And			
g in behalf of a member or me	(110 89 5).	Secretary of State use only	
nature / Watte	with	8	
ed Name: Matth	Schultz	8	
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nature		IDAHO SECRET	ARY OF
ed Name:		03/25/20 65 CK: 2027 CT: 244	

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