

Signature:___

Rev. 07/2015

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

Title 30, Chapters 21 and 25, Idaho Code

Base Filing fee: \$100.00.

Complete and submit the application in duplicate.

2015 JUL 20 AM 9: 45

SECRITATION OF STATE	(State) (State)	3869 (Zipcode) (Zipcode)
TRIPLE H OUTDOORS LLC (Remember to include the words "Limited Liability Company" "Limited Company," or the abbreviations L.L. The complete street and mailing addresses of the principal office is: 60 KNOLLWOOD DR. SANDPOINT IN (Street Address) (City)	C LLC or LC) (State)	3869 (Zipcode) (Zipcode)
The complete street and mailing addresses of the principal office is: 60 KNOLLWOOD DR. SANDPOINT III (Street Address) (City)	(State) (State)	(Zipcode)
The complete street and mailing addresses of the principal office is: 60 KNOLLWOOD DR. SANDPOINT III (Street Address) (City)	(State) (State)	(Zipcode)
60 KNOLLWOOD DR. SANDPOINT II	(State)	(Zipcode)
60 KNOLLWOOD DR. SANDPOINT II	(State)	(Zipcode)
	(State)	(Zipcode)
(Mailing Address if different) (City)		
(Mailing Address if different) (City)		
	WT I	
3. The name and complete street address of the registered agent:	WT I	
DAVID & EISHER 60 KNOLLWOOD DR SANDO	/State)	S SIZSILG
DAVID E. FISHER 60 KNOLLWOOD DR. SANDPO (Name) (Address) (City)	/entailet	/ Zipande)
The name and address of at least one governor of the limited liability company:		
DAVID E. FISHER 60 KNOLLWOOD DR. SANDP	OINT I	D 8386
(Name)" (Address) (City)	(State)) (Zipcode)
(Name) (Address) (City)	(State	e) (Zipcode)
(Name) (Address) (City)	(State	e) (Zipcode)
(Name) (Address) (City)	(State	e) (Zipcode)
		, (<u></u> , ,
5. Mailing address for future correspondence (annual report notices):		
60 KNOLLWOOD DR. SANDPOINT	TD.	83864
BO KNOLLWOOD DR. SANDPOINT (City)	(State)	(Zipoode)
Signature of organizer(s). Secretary of State	use only	
Printed Name: DAVID E- FISHER IDAHO SECRETARY OF S		ATE.
07/20/20	015 05:0	
CK: 150008948 CT		
		11
Printed Name:		

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