



CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

11 MAR 11 AM 8:47

- The name of the limited liability company is:
Mudd Slingers, LLC
- The complete street and mailing addresses of the initial designated/principal office:
3873 5th Avenue, Post Falls, ID 83854
(Street Address)
3454 W. Vela Place #B, Post Falls, ID 83854
(Mailing Address, if different than street address)
- The name and complete street address of the registered agent:

Mark Chapman	3454 W. Vela Place #B, Post Falls, ID 83854
(Name)	(Street Address)

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

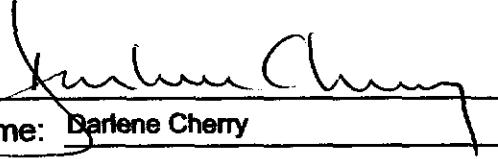
<u>Name</u>	<u>Address</u>
Mark Chapman	3454 W. Vela Place #B, Post Falls, ID 83854

- Mailing address for future correspondence (annual report notices):

3454 W. Vela Place #B, Post Falls, ID 83854

- Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature 

Typed Name: Darlene Cherry

Signature _____

Typed Name: _____

Secretary of State use only

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03/11/2011 05:00
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