



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

10 DEC -1 AM 8:30

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Broken Bow Outfitters LLC

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

2122 Edmiston Drive Idaho Falls, Idaho 83401

(Street Address)

(Mailing Address, if different than street address)

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

Sean Allen

(Name)

2122 Edmiston Drive Idaho Falls, Idaho 83401

(Street Address)

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

Name

Address

Sean Allen

2122 Edmiston Drive Idaho Falls, Idaho 83401

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

2122 Edmiston Drive Idaho Falls, Idaho 83401

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: Sean Allen

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE  
12/01/2010 05:00  
CK: 188 CT: 253173 BH: 1249024  
1 @ 100.00 = 100.00 ORGAN LLC # 2

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