

		IY COMPANY	
	(Instructions on back	of application)	SECRETARY OF STATE STATE OF IDAHO
1. The n	ame of the limited liability cor	mpany is:	
	Back	country Ballistics, LLC	
2. The c	omplete street and mailing ad	dresses of the initial desi	gnated/principal office:
411 R	River St., Salmon, Idaho 83467		
(Street	Address)		
(Malling	g Address, if different than street address)		
3. The n	ame and complete street add	ress of the registered age	ent:
Gler	nn Travis Seaberg		ho 83467 (County of Lembi)
(Name		(Street Address)	
4. The n	ame and address of at least o	nne member or manager	of the limited liability
compa		and thombon of manager.	ar tisa an encreasional standard stand
	<u>Name</u>		dress
Glenr	n Travis Seaberg	411 River St., Salmon, Idal	10 83467
Marg	aret Elaine Seaberg	411 River St., Salmon, Idal	10-83467
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	ng address for future correspo	endence (annual report no	otices):
	ng address for future correspo River St., Salmon, Idaho 83467	ondence (annual report no	vtices):
<u>411 F</u>	River St., Salmon, Idaho 83467		viices):
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411 F	River St., Salmon, Idaho 83467 e effective date of filing (optio	nal):	tices):
411 F 6. Futur Signature	River St., Salmon, Idaho 83467	nal):	
411 F 6. Futur Signature person.	River St., Salmon, Idaho 83467 e effective date of filing (options of a manager, member of	nal):	Secretary of State use only
411 F 6. Future Signature person. Signature	River St., Salmon, Idaho 83467 e effective date of filing (options of a manager, member of	nal): r authorized	
411 F 6. Future Signature person. Signature	River St., Salmon, Idaho 83467 e effective date of filing (options of a manager, member of	nal): r authorized	
411 F 6. Future Signature person. Signature Typed Na	e effective date of filing (options of a manager, member of a manager, member of the control of	nal); or authorized ont	
6. Future Signature person. Signature Typed Na	e effective date of filing (options of a manager, member of a manager, member of the control of	nal): r authorized nt	

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