



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

1. The name of the limited liability company is:

BLACK DOG ENTERPRISES, LLC

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

820 BLUFF AVE, CHALLIS, ID 83226

(Street Address)

PO BOX 1241, CHALLIS, ID 83226

(Mailing Address, if different than street address)

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

SHELBY DANA BRYANT

(Name)

820 BLUFF AVE, CHALLIS, ID 83226

(Street Address)

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

**Name**

**Address**

BJ KEEGAN BRYANT

P.O. BOX 1241, CHALLIS, ID 83226

SHELBY DANA BRYANT

P.O. BOX 1241, CHALLIS, ID 83226

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

PO BOX 1241, CHALLIS, ID 83226

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

*Sherbie Bryant*

Typed Name: SHELBY BRYANT

Signature

Typed Name:

Secretary of State use only

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04/09/2012 05:00  
CK: 3206 CT: 269074 BH: 1318920  
1 @ 100.00 = 100.00 ORGAN LLC # 2

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