

CERTIFICATE OF ORGANIZATION

LIMITED LIABILITY (Instructions on back of		
 The name of the limited liability compa MIGRATION OUTDOORS, LLC 	any is:	
 The complete street and mailing address 1682 S 600 W OAKLEY, ID 83346 (Street Address) 	sses of the initial designated office:	
(Mailing Address, if different than street address)		
3. The name and complete street address	of the registered agent:	
JORDAN BOWEN 160 (Name) (Str	82 S 600 W OAKLEY, ID 83346 treat Address)	
The name and address of at least one monopany:	nember or manager of the limited liability	
Name JORDAN BOWEN 168	Address 32 S 600 W OAKLEY, ID 83346	
DAVID ROWEN	E 220 S BURLEY, ID 83318	
ASHLEY ROMEN	1682 S 600 W OAKLEY, ID 83346	
5. Mailing address for future correspondence 1682 S 600 W OAKLEY, ID 83346	annual report notices):	
Future effective date of filing (optional):		
Signature of a manager, member or author erson.	rized	
ignature Jundam Bruces Viped Name: JORDAN BOWEN	Secretary of State use only	
gnatureped Name:		
Pod (dillo,	- 100.00 - 100.00 DROWN HINC #2	

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