



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED

2013 DEC -2 AM 7:57

(Instructions on back of application)

 SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Summit Outfitter LLC

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

2835N 3300W MOORE Id. 83255
(Street Address)

(Mailing Address, if different than street address)

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

Monarae Whipple
(Name)

2994 W 2400N Arco Id 83213
(Street Address)

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

Name	Address
<u>Monarae Whipple</u>	<u>2994 W 2400N Arco Id 83213</u>
_____	_____
_____	_____
_____	_____
_____	_____

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

2994 W 2400 N Arco Id. 83213

6. Future effective date of filing (optional): Jan. 1 2014

Signature of a manager, member or authorized person.

 Signature Monarae Whipple
 Typed Name: Monarae Whipple

 Signature _____
 Typed Name: _____

Secretary of State use only

 IDAHO SECRETARY OF STATE
 12/02/2013 05:00
 CK: 353 CT: 281588 BH: 1400012
 1 @ 100.00 = 100.00 ORGAN LLC # 2

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