FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

09 FEB -5 AM 10: 14

SECRETARY OF STATE

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I. The name of the limited liability comp		or IDA nu
• •	Outdoor Services LLC	
		al office:
3		ar onice.
(Street Address)	ectors Cascade, Id 83611	
(Oliber realizes)		
(Mailing Address, if different than street address)		·
The name and complete street address	ss of the registered agent:	
Mike Stanger	6 E. Prospectors, Cascade, Id 836	311
(Name)	(Street Address)	
The name and address of at least one company: Name	Address	in a miney
Mike Stanger	6 E. Prospectors, Cascade, ld 83611	
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		er visy
Mailing address for future correspond	• • •	e de la companya de La companya de la co
6 E. Prospe	ectors, Cascade, Id 83611	
	<u>.</u>	
Future effective date of filing (optional):	
gnature of organizer(s). (An organizer is a m	nember, or is	
ing in behalf of a member or members).	Secretary of State u	se only
anatura III	A Section of Charles	vo an j
ped Name: Mike Stanger		
ped Name: / Mike Stanger		
	IDNHO SE ###################################	CRETARY OF STATE
gnature	ZE CK: 1497 CT:	186111 BH: 1155
ned Name [.]	₹	150.05 (KGAN LL)

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