

Typed Name: _____

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY JUL 28 AM 8: 39

(Instructions on back of application)

E	(Instructions on I	back of application)	SECRETARY OF STATE
1. The na	me of the limited liability	company is:	STATE OF IDAHO
	Í	Recoil Arms LLC	
	mplete street and mailing	•	itial designated/principal office:
(Street A	Address)		
(Mailing	Address, if different than street addr	ress)	
3. The na	me and complete street	address of the regist	ered agent:
Theodo	ore F. Samford Jr.	2560 Sand Hollov	v Rd. Caldwell, ID 83607
(Name)		(Street Address)	
4. The na compa		ast one member or m	anager of the limited liability Address
Theodo	ore F. Samford Jr.	2560 Sand Hollow Rd. Caldwell, ID 83607	
	address for future corre	•	eport notices):
6. Future	effective date of filing (o	ptional):	
Signature person.	of a manager, membe	er or authorized	
Signature	Theodore 7. La	monda.	Secretary of State use only
Гуреd Nan	ne: Theodore F. Samford Jr		
- •			
Signature_			TRAUD CEOPETARY OF STATE

cert_org_lic Rev. 07/2010

IDAHO SECRETARY OF STATE 67/28/2011 05:00 CK: 2111 CT: 261954 BH: 1284329 1 2 199.98 = 198.98 ORGAN LLC # 2

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