



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

**FILED EFFECTIVE**

**10 JAN 29 AM 10:17**

**SECRETARY OF STATE  
STATE OF IDAHO**

1. The name of the limited liability company is:

Cloverleaf Shooting Supplies, LLC

2. The complete street address, and mailing address if different, of the initial designated/ principal office:

128 Tyra Drive, Idaho Falls, Idaho 83401

3. The name of the commercial registered agent; or the name and complete street address of the non-commercial registered agent:

Frank M. Jakubowski, 128 Tyra Drive, Idaho Falls, Idaho 83401

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

**Name**

**Address**

Frank M. Jakubowski

128 Tyra Drive, Idaho Falls, Idaho 83401

Daniel L. Jakubowski

128 Tyra Drive, Idaho Falls, Idaho 83401

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

c/o: 128 Tyra Drive, Idaho Falls, Idaho 83401

6. Future effective date of filing (optional):

Signature of an organizer(s). (An organizer is a member, or is acting in behalf of a required, and existing, initial member or members).

Signature \_\_\_\_\_

Typed Name: Karmelia Fredrick, Legalzoom.com, Inc.

Signature \_\_\_\_\_

Typed Name: \_\_\_\_\_

Secretary of State use only

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