



0003408171

**STATE OF IDAHO****Office of the secretary of state, Lawrence Denney  
FOREIGN REGISTRATION STATEMENT (LIMITED  
LIABILITY COMPANY)**Idaho Secretary of State  
PO Box 83720  
Boise, ID 83720-0080  
(208) 334-2301

Filing Fee: \$100.00 - Make Checks Payable to Secretary of State

For Office Use Only

**-FILED-**

File #: 0003408171

Date Filed: 1/23/2019 9:46:29 AM

| 1. The name this limited liability company will use in Idaho is:   |   |   |                                    |       |         |                |         |   |
|--|---|---|------------------------------------|-------|---------|----------------|---------|---|
| Entity name  | New West Knifeworks, LLC  |   |                                    |       |         |                |         |   |
| 2. Home Jurisdiction   |   |   |                                    |       |         |                |         |   |
| The jurisdiction of formation is:  | WYOMING   |   |                                    |       |         |                |         |   |
| 3. The street address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:  |   |   |                                    |       |         |                |         |   |
| Street Address   | COREY MILLIGAN<br>98 CENTER ST<br>UNIT C<br>JACKSON, WY 83001   |   |                                    |       |         |                |         |   |
| 4. The mailing address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:   |   |   |                                    |       |         |                |         |   |
| Mailing Address  | COREY MILLIGAN<br>PO BOX 1646<br>JACKSON, WY 83001-1646   |   |                                    |       |         |                |         |   |
| 5. The complete street address of the principal office is:   |   |   |                                    |       |         |                |         |   |
| Principal Office Address   | COREY MILLIGAN<br>98 CENTER ST<br>UNIT C<br>JACKSON, WY 83001   |   |                                    |       |         |                |         |   |
| 6. The mailing address of the principal office is:   |   |   |                                    |       |         |                |         |   |
| Mailing Address  | COREY MILLIGAN<br>PO BOX 1646<br>JACKSON, WY 83001-1646   |   |                                    |       |         |                |         |   |
| 7. Registered Agent Name and Address   |   |   |                                    |       |         |                |         |   |
| Registered Agent   | REGISTERED AGENTS INC<br>Commercial Registered Agent<br>Physical Address<br>784 S CLEARWATER LOOP STE R<br>POST FALLS, ID 83854<br>Mailing Address<br>784 S CLEARWATER LOOP STE R<br>BILL HAVRE<br>POST FALLS, ID 83854 |   |                                    |       |         |                |         |   |
| 8. Governors   |   |   |                                    |       |         |                |         |   |
| <table border="1"><thead><tr><th>Name of individual or organization</th><th>Title</th><th>Address</th></tr></thead><tbody><tr><td>Corey Milligan</td><td>Manager</td><td>COREY MILLIGAN<br/>PO BOX 1646<br/>JACKSON, WY 83001-1646</td></tr></tbody></table> |   |   | Name of individual or organization | Title | Address | Corey Milligan | Manager | COREY MILLIGAN<br>PO BOX 1646<br>JACKSON, WY 83001-1646 |
| Name of individual or organization   | Title   | Address   |                                    |       |         |                |         |   |
| Corey Milligan   | Manager   | COREY MILLIGAN<br>PO BOX 1646<br>JACKSON, WY 83001-1646 |                                    |       |         |                |         |   |
| Signature of individual authorized by the entity to sign:  |   |   |                                    |       |         |                |         |   |
| <u>Corey Milligan</u>  |   | <u>01/23/2019</u>                                       |                                    |       |         |                |         |   |
| Sign Here  |   | Date  |                                    |       |         |                |         |   |
| Signer's Title: Manager  |   |   |                                    |       |         |                |         |   |

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**STATE OF WYOMING**  
**Office of the Secretary of State**

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

**New West Knife Works, LLC**  
is a  
**Limited Liability Company**

formed or qualified under the laws of Wyoming did on **December 17, 2014**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2014-000677692**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 23rd day of January, 2019 at 9:30 AM. This certificate is assigned 029551122.



  
Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website <http://wyobiz.wy.gov> and following the instructions displayed under Validate Certificate.