







STATE OF IDAHO

Office of the secretary of state, Lawerence Denney CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301 Filing Fee: \$100.00 For Office Use Only

-FILED-

File #: 0004173612

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| Certificate of Organization Limited Liability Company Select one: Standard, Expedited or Same Day descriptions below) | Service (see | Standard (filing fee \$100) | |
|---|---------------------------|---|--|
| 1. Limited Liability Company Name | | | |
| Type of Limited Liability Company | | Limited Liability Company | |
| Entity name | | Dead Man's Hand LLC | |
| The complete street address of the principal office is: Principal Office Address | | 913 PINE ST. SANDPOINT, ID 83864 | |
| 3. The mailing address of the principal office is: | | | |
| Mailing Address | | 913 PINE ST SANDPOINT, ID 83864-1830 | |
| 4. Registered Agent Name and Address | | | |
| Registered Agent | | Registered Agent Timothy White Physical Address: 913 PINE ST | |
| | | SANDPOINT, ID 83864 Mailing Address: 913 PINE ST SANDPOINT, ID 83864-1830 | |
| ☑ I affirm that the registered agent appointed | has consented t | o serve as registered agent for this entity. | |
| 5. Governors | | | |
| Name | | Address | |
| Timothy White | 913 PINE ST SANDPOINT, | ID 83864 | |
| Signature of Organizer: | | | |
| Timothy White | | 02/20/2021 | |
| Timothy write | | 02,20,2021 | |