FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

09 APR 27 AM 8: 17

	(instructions on ba	ck of application)	ELYETARY OF	
1. The nan	ne of the limited liability o	ompany is:	STATE OF IDA	
	N	lorth Idaho Outfitter LLC		
2. The con	nplete street and mailing a	addresses of the initial designated/princ	cipal office:	
<u>.</u>		76 Edwards Lane	·	
(Street Ad		St. Maries, Idaho 83861		
(Mailing A	ddress, if different than street address			
3. The nan	ne and complete street ad	ldress of the registered agent:	·	
	Vanessa G. Edwards	76 Edwards Lane		
(Name)		(Street Address)	· · · · · · · · · · · · · · · · · · ·	
	<u>Name</u> Vanessa G. Edwards	Address 76 Edwards Lane St. Maries, Idaho 83861		
<u>—</u>	Jerald O Edwards		76 Edwards Lane St. Maries, Idaho 83861 3960 W 5th Ave. B-2 Post Falls, Idaho 83854	
	Bob Hickman			
		COUNTY OF FORT CITY, IVE		
_	· · · · · · · · · · · · · · · · · · ·		. '	
				
5. Mailing a	address for future corresp	ondence (annual report notices):		
<u> </u>	North Idaho Outfitter LL	C 76 Edwards Lane St. Maries, Idaho 83861		
6. Future e	ffective date of filing (opti-	onal):		
\i===h£				
-	organizer(s). (An organizer in f of a member or members).	s a member, or is		
		Secretary of State	e use only	
Signature	Dames G Eller	and E		
Typed Name	Vanessa G. Edwa	irds 5		
		inds IDAH OUTSON OU	M APARPESS	
Signature	Jesto O Elw.	MA 198	VECRETARY OF STA 7/2009 05	
Typed Name	e:(ds Es LX: NO CX	ET: 236495 BH:	

X: NO CK# CT: 236495 BH: 1167731 1 8 100.00 = 100.00 ORGAN LLC # 2