

251



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE
2011 NOV 15 PM 4:45SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

ROBSON OUTFITTERS, LLC

2. The complete street and mailing addresses of the initial designated/principal office:

11185 North Hwy 32, Felt, ID 83424

(Street Address)

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

Marlene K. Robson
(Name)11185 North Hwy, 32, Felt, ID 83424
(Street Address)

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

Name

Address

Gary Robson

11185 North Hwy, 32, Felt, ID 83424

Marlene K. Robson

11185 North Hwy, 32, Felt, ID 83424

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

11185 North Hwy, 32, Felt, ID 83424

6. Future effective date of filing (optional): _____

Signature of organizer(s). (An organizer is a member, or is
acting in behalf of a member or members).

Signature Marlene Robson
Typed Name: Marlene Robson

Secretary of State use only

Signature _____

Typed Name: _____

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Revised 07/2008

IDAHO SECRETARY OF STATE
11/15/2011 05:00
CK: 832442 CT: 172099 BH: 1298201
1 E 100.00 = 100.00 ORGAN LLC # 2
1 E 20.00 = 20.00 EXPEDITE C # 3

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