

CERTIFICATE OF ORGANIZATION PILED EFFECTIVE

We y	(Instructions on ba	ack of application) SECRETARY OF
1.	The name of the limited liability c	company is:
	SEPTUPLE U APPAREL, LLC	
2.	The complete street and mailing addresses of the initial designated office:	
	275 S CLEVELAND AVE, BLACKFOOT, ID 83221	
	(Street Address)	
	(Mailing Address, if different than street address	ş)
3.	The name and complete street address of the registered agent:	
	JASON QUINN ROWSELL	275 S CLEVELAND AVE, BLACKFOOT, ID 83221
	(Name)	(Street Address)
	The name and address of at least company:	t one member or manager of the limited liability
	<u>Name</u>	<u>Address</u>
	JUSTIN DAVID ROWSELL	275 S CLEVELAND AVE, BLACKFOOT, ID 83221
	CAMERON KENT SEAMONS	1329 REBECCA DR, BLACKFOOT, ID 83221
	JASON QUINN ROWSELL	275 S CLEVELAND AVE, BLACKFOOT, ID 83221
		
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5.	Mailing address for future corresp	oondence (annual report notices):
	275 S CLEVELAND AVE, BLACKFOO)T, ID 83221
6.	Future effective date of filing (opti-	ional):
		<u> </u>
_	nature of a manager, member	or authorized
pers		Secretary of State use only
Sign	nature Justin Council	IDAHO SECRETARY OF STATE
Typed Name. JUSTIN DAVID ROWSE		* •
		CK:1031 CT:296012 BH:1477776
Sign	nature 7/15/99 Register	16 100.00 = 100.00 ORGAN LLC
Type	ed Name: JASON QUINN ROWSELL	11/157357

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