

## CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY-6 PM 2: 11

(Instructions on back of application)

The name of the limited li	SECTION OF STATE  ability company is: STATE OF IDAHO
	WHISKEY CREEK DECOYS, LLC
•	nailing addresses of the initial designated/principal office: VE, PRESTON, IDAHO 83263
(Street Address)	
(Mailing Address, if different than stre	et address)
. The name and complete s	treet address of the registered agent:
NATHAN R. HALÉ, JR.	306 E VALLEY VIEW DR, PRESTON, IDAHO 83263
(Name)	(Street Address)
. The name and address of company:	at least one member or manager of the limited liability
<u>Name</u>	Address
NATHAN S. HALE	427 RICE HOPE DR, MT. PLEASANT, SC 29464
STACY HALE	427 RICE HOPE DR, MT. PLEASANT, SC 29464
. Mailing address for future	correspondence (annual report notices):
STACY HALE, 427 RICE HOP	E DR.,MT. PLEASANT, SC 29464
. Future effective date of fili	ng (optional):
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gnature //	Secretary of State use only
ped Name: NATHAN'S, HALE	IDAHO SECRETARY OF STATE
gnature	96/96/2011 95:0
rped Name:	

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