

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

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	(Instructions on back	of application)	11 JUL 27 KIT OF JE
1.	The name of the limited liability com	ipany is: TROPHY CASE, LL	SECR. BY OF STATE STATE OF IDAHO .c
2.	2. The complete street and mailing addresses of the initial designated/principal office: 431 South Main Soda Springs, ID 83276 (Street Address) P.O. Box 583 Soda Springs ID 83276. (Mailing Address, if different than street address)		
3.	. The name and complete street address of the registered agent:		
	Ryan S Weaver (Name)	431 South Main (Street Address)	Soda Springs, ID 83276
4.	The name and address of at least one member or manager of the limited liability company:		
	Name Ryan S Weaver	431 South Main	Address Soda Springs, ID 83276
5. Mailing address for future correspondence (annual report notices): 431 South Main Soda Springs, ID 83276 P.O. Box 583 Soda Springs Ib. 8327			
6. Future effective date of filing (optional):			
Signature of a manager, member or authorized person.			
Signature Num Mussa. Typed Name: Ryan S Weaver			
Signature			

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