



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

Title 30, Chapters 21 and 25, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in duplicate.

2016 APR 25 AM 10:40

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Wicked Rose Outfitters LLC

(Remember to include the words "Limited Liability Company," "Limited Company," or the abbreviations L.L.C., LLC, or LC)

2. The complete street and mailing addresses of the principal office is:

3049 E Lapis Ave, Post Falls, ID 83854

(Street Address)

(Mailing Address, if different)

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

Montana Rosenberg

3049 E Lapis Ave, Post Falls, ID 83854

(Name)

(Address cannot be a post office box or postal mail box)

4. The name and address of at least one governor of the limited liability company:

Montana Rosenberg

3049 E Lapis Ave, Post Falls, ID 83854

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

3049 E Lapis Ave, Post Falls, ID 83854

(Address)

Signature of organizer(s).

Signature: Montana Rosenberg

Printed Name: Montana Rosenberg

Signature: _____

Printed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

04/25/2016 05:00

CK:176 CT:323564 BH:1525110

1@ 100.00 = 100.00 ORGAN LLC #2

W165695