

FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 SEP 11 AM 8:20

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

WOODLAND TRAIL BOWS LLC

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

370 NORTH 200 WEST MALAD CITY ID 83252

(Street Address)

(Mailing Address, if different than street address)

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

GREG ALLRED

(Name)

370 NORTH 200 WEST MALAD CITY ID 83252

(Street Address)

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

Name**Address**

GREG ALLRED

370 NORTH 200 WEST MALAD CITY ID 83252

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

370 NORTH 200 WEST MALAD CITY ID 83252

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

Typed Name:

GREG F ALLRED

Signature

Typed Name:

Secretary of State use only

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Revised 07/2008IDAHO SECRETARY OF STATE
09/11/2009 05:00
CK: 3180 CT: 248482 BH: 1186631
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