





STATE OF IDAHO

Office of the secretary of state, Lawerence Denney CERTIFICATE OF ORGANIZATION LIMITED

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301 Filing Fee: \$100.00

For Office Use Only

-FILED-

File #: 0004923275

Date

Date Filed: 9/23/2022 10:33:06 AM

descriptions below) 1. Limited Liability Company Name Type of Limited Liability Company Entity name 2. The complete street address of the principal office is: Principal Office Address 3. The mailing address of the principal office is: Mailing Address 4. Registered Agent Name and Address Registered Agent I affirm that the registered agent appointed has consented	Limited Liability Company Sharp Co Outdoors, LLC. 139 E 200 SOUTH CLIFTON, ID 83228 139 E 200 S CLIFTON, ID 83228-5067 Registered Agent William Scott Sharp Physical Address: 139 E 200 SOUTH
Type of Limited Liability Company Entity name 2. The complete street address of the principal office is: Principal Office Address 3. The mailing address of the principal office is: Mailing Address 4. Registered Agent Name and Address Registered Agent X I affirm that the registered agent appointed has consented	Sharp Co Outdoors, LLC. 139 E 200 SOUTH CLIFTON, ID 83228 139 E 200 S CLIFTON, ID 83228-5067 Registered Agent William Scott Sharp Physical Address:
2. The complete street address of the principal office is: Principal Office Address 3. The mailing address of the principal office is: Mailing Address 4. Registered Agent Name and Address Registered Agent I affirm that the registered agent appointed has consented.	Sharp Co Outdoors, LLC. 139 E 200 SOUTH CLIFTON, ID 83228 139 E 200 S CLIFTON, ID 83228-5067 Registered Agent William Scott Sharp Physical Address:
Principal Office Address 3. The mailing address of the principal office is: Mailing Address 4. Registered Agent Name and Address Registered Agent I affirm that the registered agent appointed has consented	CLIFTON, ID 83228 139 E 200 S CLIFTON, ID 83228-5067 Registered Agent William Scott Sharp Physical Address:
3. The mailing address of the principal office is: Mailing Address 4. Registered Agent Name and Address Registered Agent I affirm that the registered agent appointed has consented	CLIFTON, ID 83228 139 E 200 S CLIFTON, ID 83228-5067 Registered Agent William Scott Sharp Physical Address:
Mailing Address 4. Registered Agent Name and Address Registered Agent I affirm that the registered agent appointed has consented	CLIFTON, ID 83228-5067 Registered Agent William Scott Sharp Physical Address:
4. Registered Agent Name and Address Registered Agent I affirm that the registered agent appointed has consented.	CLIFTON, ID 83228-5067 Registered Agent William Scott Sharp Physical Address:
Registered Agent I affirm that the registered agent appointed has consented	William Scott Sharp Physical Address:
☑ I affirm that the registered agent appointed has consented.	William Scott Sharp Physical Address:
	Physical Address:
	CLIFTON, ID 83228
	Mailing Address:
	139 E 200 S
	CLIFTON, ID 83228-5067
7.0	d to serve as registered agent for this entity.
5. Governors	
Name	Address
William Scott Sharp 13	39 E 200 SOUTH
	LIFTON, ID 83228
Signature of Organizer:	
William Scott Sharp	09/23/2022

Sign Here