



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE
2015 MAR -6 AM 8:44

(Instructions on back of application)

**SECRETARY OF STATE
STATE OF IDAHO**

1. The name of the limited liability company is:

Lost Bullet Enterprises LLC

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

111 143rd Street Suite A, Orofino ID 83544

(Street Address)

(Mailing Address, if different than street address)

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

Tina Pederson

(Name)

111 143rd Street Suite A Orofino, ID 83544

(Street Address)

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

Name

Address

Ryan Pederson

111 143rd Street Suite A Orofino, ID 83544

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

111 143rd Street Suite A Orofino, ID 83544

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature

Typed Name: Tina Pederson

Signature

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

03/06/2015 05:00

CK:3638505727 CT:307313 BH:1464883

1@ 100.00 = 100.00 ORGAN LLC #2

1@ 20.00 = 20.00 EXPEDITE C #3

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