

FILED EFFECTIVE



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2013 AUG 19 AM 9:07

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Bare Bone Taxidermy and Skullworks LLC

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

363 Commissary Rd. Swan Valley Id. 83449  
(Street Address)

P.O. Box 3 Swan Valley Id, 83449  
(Mailing Address, if different than street address)

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

Jared Poole  
(Name)

363 Commissary Rd. Swan Valley Id  
(Street Address) 83449

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

Jared Poole  
Name

363 Commissary Rd Swan Valley Id  
Address 83449

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

P.O. Box 3 Swan Valley Id 83449

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of a manager, member or authorized person.

Signature [Handwritten Signature]  
Typed Name: Jared Poole

Secretary of State use only

Signature \_\_\_\_\_  
Typed Name: \_\_\_\_\_

IDAHO SECRETARY OF STATE  
08/19/2013 05:00  
CX: 5819 CT: 206506 BH: 1386664  
1 @ 100.00 = 100.00 ORGAN LLC # 2

W128356