



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE
09 JUN 11 AM 8:46

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

DOUBLE DROP TINE TAXIDERMY LLC

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

27391 S HINDS DRIVE, ST MARIES, ID 83861

(Street Address)

21704 S LAKE ST, MEDIMONT, ID 83842

(Mailing Address, if different than street address)

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

BLAKE CHARLES

(Name)

27391 S HINDS DRIVE, ST MARIES, ID 83861

(Street Address)

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

Name

Address

BLAKE CHARLES

27391 S HINDS DRIVE, ST MARIES, ID 83861

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

21704 S LAKE ST, MEDIMONT, ID 83842

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: Blake Charles

Signature

Typed Name: _____

Secretary of State use only

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Revised 07/2008

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IDAHO SECRETARY OF STATE
06/11/2009 05:00
CX: 3787 CT: 233813 BH: 1174289
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