

## CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

08 AUG 11 AM 9: 24

| 1. The name of the limited liability               | company is:   | SECRETARY OF STATE STATE OF IDAHO |
|--|---|-----------------------------------|
| <u></u>  | Breakpoint Paintball, LLC                                   |                                   |
| 2. The complete street and mailing                 | g addresses of the initial de                               | esignated/principal office        |
| 1440   | 0 D Street Heyburn, Idaho 83336                             |                                   |
| (Street Address)                                   |   |                                   |
| (Mailing Address, if different than street address | ess)  |                                   |
| The name and complete street                       | address of the registered a                                 | gent:                             |
| Les Steube   |   | Heyburn, Idaho 83336              |
| (rearie)   | (Street Address)  |                                   |
| The name and address of at leacompany:             | ast one member or manage                                    | r of the limited liability        |
| <u>Name</u>  |   | Address                           |
| Les Steube   | 1440 D Street Heyburn, Idaho 83336                          |                                   |
|  |   |                                   |
|  |   |                                   |
|  |   |                                   |
|  |   |                                   |
|  |   |                                   |
|  |   |                                   |
| Mailing address for future corres                  |   |                                   |
|  | spondence (annual report n<br>D Street Heyburn, Idaho 83336 |                                   |
| 1440   | D Street Neyburn, Idano 63336                               |                                   |
| Future effective date of filing (op                | otional):   |                                   |
|  |   |                                   |
| nature of organizer(s). (An organize               | ris a member or is  |                                   |
| ing in behalf of a member or members               |   |                                   |
| 1/25   | 9   | Secretary of State use only       |
| gnature <u>(A)</u>                                 |   |                                   |
| ped Name: Les Steube                               |   |                                   |
| ınature  | Momakilic formations, org. Ic. PHID<br>Revised 07/2008      |                                   |
| ped Name:  | O pes   | IDAHO SECRETARY OF STATE          |
| ped Hallie.  | Revi  | 28/11/2000 OF                     |

28/11/2008 05=00 CK: 17678 CT: 3788 BH: 1131964 1 0 186.08 = 189.00 ORGAN LLC # 2