D/21/2012

251

FILED EFFECTIVE

	CERTIFICATE OF ( LIMITED LIABILI (Instructions on back	TY COMPANY  STATE OF 10AHO  K of application)
The	name of the limited liability co	
	MUNITIONS LLC	· ·
2. The		ddresses of the initial designated office: ows ID 83654
PO	pot Address)  BOX 480 NEW MEADOWS ID 836  lling Address, If different than street address)	64
3. The	name and complete street add	fress of the registered agent:
	FFREY ROFF	111 N CUNNINGHAM AVE NEW MEADOWS ID 83654
(Niss	nie)	(Street Address)
COIT	name and address of at least npany: <u>Name</u> FFREY ROFF	one member or manager of the limited liability  Address  PO BOX 480 NEW MEADOWS ID 83854
5. Ma	iling address for future corresp	ondence (annual report notices):
<del></del>	O BOX 480 NEW MEADOWS ID 830	4.400.4
6. Fut	ture effective date of filling (opti	onal):
Signate person	ure of a manager, member	or authorized  Secretary of State use only
Signate Typed	Name: JEFFREY ROFF	
_	ureName:	IDAHO SECRETARY OF STATE
1012		CK: 1045 CT: 236600 BH: 1350 1 8 100.00 = 100.00 ORGAN LLO