

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

The name of the limited liability company is: Pack Camp Supply LLC		10 JUN 10 AM 8: 4	
		SECRETARY OF STAT	
2. The complete street and mailing ad	dresses of the initial desig	nated/principal office:	
	s Drive, Coeur d alene, ID 8381		
(Street Address)	,	· · ·	
(Mailing Address, if different than street address)			
3. The name and complete street add	ress of the registered age	nt:	
Leroy Dean Magnus (Name)	3847 Nicklaus Drive, C	oeur d alene, ID 83815	
(Name)	(Suest Aduless)	•	
4. The name and address of at least of company:	one member or manager o	f the limited liability	
Name	Add	Address	
Leroy Dean Magnus	3847 Nicklaus Drive, C	oeur d alene, ID 83815	
5. Mailing address for future correspond	ndence (annual report noti	ces):	
3847 Nicklaus	s Drive, Coeur d alene, ID 8381	5	
6. Future effective date of filing (option	nal\·		
O Taking enective date of ming (option	iai).		
Signature of organizer(s). (An organizer is	a member, or is		
acting in behalf of a member or members).		Secretary of State use only	
Signature		secretary of state use offly	
Typed Name: Leroy Dean Magnu	s s		
//	80 80	TRAUM OFFICETADY RE OTATE	
Signature	WomelLLC formscart_org_ac.PMD	96/19/2919 95:98 CK: 2746 CT: 247844 BH: 1226868	
Typed Name:	Parties Revises	1 8 188.00 = 100.00 DRGAM LLC #	