

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

10 NOV -1 PM 2: 39

(Instructions on back of application)

•	, ,	SECOND OF ST
1. The name of the limited liability com	npany is:	SECRET RY OF STATE STATE OF IDAHO
K & K ARCHERY LLC		
2. The complete street and mailing add	dresses of the initial designated/	orincipal office:
690 N MCDONALD CT , POST FALLS, ID (Street Address)	0 83854	
(Mailing Address, if different than street address)		
3. The name and complete street addre	ess of the registered agent:	
KATE STROTHER (Name)	690 N MCDONALD CT , POST FALI	.S, ID 83854
(Name)	(Street Address)	
The name and address of at least or company:	ne member or manager of the lin	nited liability
<u>Name</u>	<u>Address</u>	
KATE STROTHER	690 N MCDONALD CT , POST FALI	_S, ID 83854
KEVIN STOTHER	690 N MCDONALD CT , POST FALI	_S, 1D 83854
ME CONTRACTOR CONTRACTOR SALES AND ANALYSIS AND ANALYSIS AND AND ANALYSIS ANALYSIS AND ANALYSIS		
5. Mailing address for future correspond	dence (annual report notices):	
690 N MCDONALD CT , POST FALLS, ID	• • • • • • • • • • • • • • • • • • • •	
*	<u> </u>	
6. Future effective date of filing (options	al):	
Signature of organizer(s). (An organizer is a	member, or is	
acting in behalf of a member or members).	, Secretary of	of State use only
Signature Nousher Sch	Modulus (L.C. forms) (L.P.M.D. Revised 07/2008 (L.P.M.D. CK: 5343-6 180.	
Typed Name: MARSHA SIHA	ert_org	
	POI Source Points	HO SECRETARY OF STATE
Signature	5	
Typed Name:	E 190.00 1 8 190.00 1 8 20.00	

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