Signature\_

Typed Name: \_\_\_\_\_

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 MAY -7 AM 8= 39

•		OF ORTHORITY - CO.	
1. The name of the limited liability	company is:	SECRETARY OF STATE STATE OF IDAHO	
	The Gun Shop, LLC	ON THE OF IDAMO	
2. The complete street and mailing		nated/principal office:	
•	i3 N. 3700 E., Rigby, ID 83442		
(Street Address)			
P.O. (Mailing Address, if different than street address)	Box 3249, Idaho Falls, ID 83403		
		·	
3. The name and complete street	addiess of the registered agen		
Casey Wheeler	453 N. 3700 E., F	453 N. 3700 E., Rigby, ID 83442	
(Name)	(Street Address)		
4. The name and address of at lea	ast one member or manager of	the limited liability	
company: Name	Addr	roes	
Casey Wheeler	<del></del>	P.O. Box 3249, Idaho Falls, ID 83403	
Brianna Wheeler	same		
5. Mailing address for future corre	spondence (annual report notic	ces):	
P. O.	Box 3249, Idaho Falls, ID 83403		
6. Future effective date of filing (or	ptional):		
•		C	
Signature of organizer(s). (An organize	er is a member, or is		
acting in behalf of a member or members).	·		
	OF S	ecretary of State use only	
Signature	eler GW		
Typed Name: Casey Whee	3IEL 5		

INAMO SECRETARY OF STATE 05/07/2009 05:08 CK: 19280 CT: 91711 BH: 1169423 1 0 100.00 = 100.00 ORGAN LLC 0

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