



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

10 SEP -7 AM 8:34

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

B Bar B Gloves LLC

2. The complete street and mailing addresses of the initial designated/principal office:

291 N. Broadway Street Blackfoot, Idaho 83221

(Street Address)

Same

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

Wes Jones

(Name)

291 N Broadway St Blackfoot ID 83221

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

**Name**

**Address**

Shawn Schild

P.O. Box 478 Blackfoot, Idaho 83221

Christina Cutler

RR 6 Box 880 Pocatello, Idaho 83202

5. Mailing address for future correspondence (annual report notices):

291 N. Broadway Street Blackfoot, Idaho 83221

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

*Wes Jones*

Typed Name: Wes Jones

Signature

*Shawn Schild*

Typed Name: Shawn Schild

Secretary of State use only

IDAHO SECRETARY OF STATE  
09/07/2010 05:00  
CK: 1097 CT: 251013 RM: 1237800  
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