

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

09 SEP 14 PM 12: 38

SECRETARY OF STATE

1.	The name of the limited liability com	npany is:	STATE OF IDAHO
	Ti.	orcGun West, LLC	
2.	The complete street and mailing add	dresses of the initial designated/pr	incipal office:
	1944 Lund Road, Bancroft ID 83217  (Street Address)  PO Box 146, Bancroft ID 83217		
	(Mailing Address, If different than street address)		
3.	The name and complete street address of the registered agent:		
	Tanya L. Delbridge	1944 Lund Road, Bancroft II	O 83217
	(Name)	(Street Address)	· · · · · · · · · · · · · · · · · · ·
4.	The name and address of at least or company:	•	ted liability
	<u>Name</u> Tanya L. Delbridge	Address PO Box 146, Bancroft ID 8	13217
	***************************************		
	Sterling L. Delbridge PO Box 146, Bancroft ID 83217		33217
			· · · · · · · · · · · · · · · · · · ·
5.	Mailing address for future correspon-	dence (annual report notices):	
Ο.	PO Box 146, Bancroft ID 83217		
6.	Future effective date of filing (options	al):	
Siaı	nature of organizer(s). (An organizer is a	member, or is	•
_	g in behalf of a member or members).		
	Charles of Och		State use only
_	nature 101900 Libridge	TO See See See See See See See See See Se	
Тур	ed Name: Tanya L. Delbridge		**************************************
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	nature Turned Illura	99/ OK: 181	14/2009 00 1009 20 CT: 158859 BH: 118694
тур	ed Mame: Sterling L. Delbridge		1.88 = 100.88 UKUHN LLL N 90 = 20.88 EXPEDITE C N

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