

Signature_

Typed Name:

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

08 JUL 16 AMII: 17

1.	The name of the limited liability compa	any is: SECRETARY OF STATE STATE OF IDAHO
	Azt	ec Anglers LLC
2.	The complete street address, and mai principal office:	ling address if different, of the initial designated/
	4404 E. Jennifer	Drive, Nampa, Idaho 83686
3.	The name of the commercial registered address of the non-commercial register	d agent; or the name and complete street red agent:
	Michael Mercurio 4404 E	. Jennifer Drive, Nampa, Idaho 83686
4.	company:	member or manager of the limited liability
	<u>Name</u>	Address
	Michael Mercurio	4404 E. Jennifer Drive, Nampa, Idaho 83686
	Paul Freeman	4404 E. Jennifer Drive, Nampa, Idaho 83686
	,	
5.	Mailing address for future corresponde 4404 E. Jennifer	nce (annual report notices): Drive, Nampa, Idaho 83686
6.	Future effective date of filing (optional)	
Sigr or is	nature of an organizer(s). (An organizer is acting in behalf of a required, and existing, initi	a member, ai member
	nembers).	Secretary of State use only
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