

Typed Name: _____

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

11 SEP 21 AM 8:43

(Instructions on back of application)

SECRETARY	OF.	CTAT
SECRETARY STATE OF	ĬĎ/	/HO

1.	The name of the limited liability company is:		STATE OF IDAHO	
	В	ack Country Anglers LL	C	
2.	The complete street and mailing ac 6481 Lakeshore Drive, Sagle, ID 83860		designated/principal office:	
	(Street Address)			
	(Mailing Address, if different than street address)			
3.	The name and complete street address of the registered agent:			
	Jerry Flesher	6481 Lakeshore Drive,	Sagle, ID 83860	
	(Name)	(Street Address)		
4.	The name and address of at least o company:	one member or manaç	ger of the limited liability	
	<u>Name</u>		<u>Address</u>	
	Jerry Flesher	6481 Lakeshore Drive,	Sagle, ID 83860	
5.	Mailing address for future correspo	ndence (annual repor	t notices):	
6.	Future effective date of filing (option	nal):		
_	nature of a manager, member or son.	r authorized		
•			Secretary of State use only	
_	nature Flesher			
Sig	nature		IDAHO SECRETARY OF STATE 09/21/2011 05:00	

cert_org_lic Rev. 07/2010

CK: 1028 CT: 262628 BH: 1291269 1 0 100.00 = 100.00 ORGAN LLC # 2

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