

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE 10 APR 29 AM 9: 38

(Instructions on back of application)

2. The complete street and mailing addresses of the initial designated/principal office: 2397 East Garber Dr. Meridian, ID 83646 (Street Address) (Mailing Address, if different than street address of the registered agent: Paul B. Falcenbridge 2397 East Garber Dr. Meridian, ID 83646 (Name) (Name) 2397 East Garber Dr. Meridian, ID 83646 (Street Address) 4. The name and address of at least one member or manager of the limited liability company: Name Paul B. Falcenbridge 2397 East Garber Dr. Meridian, ID 83646 5. Mailing address for future correspondence (annual report notices): 2397 East Garber Dr. Meridian, ID 83646 6. Future effective date of filling (optional): Signature of organizer(s). (An organizer is a member, or is citing in behalf of symember or members). Signature Paul B. Falcenbridge Secretary of State use only signature Paul B. Falcenbridge	1. The name of the limited liability com	Processon Rifler LLC SECRETARY OF STATE STATE OF IDAHO
(Street Address) (Multing Address, if different than street address of the registered agent: Paul B. Falsenbridge 2397 East Garber Dr. Meridian, ID 83846 (Name) (Street Address) 4. The name and address of at least one member or manager of the limited liability company: Name Address Paul B. Falsenbridge 2397 East Garber Dr. Meridian, ID 83846 5. Mailing address for future correspondence (annual report notices): 2397 East Garber Dr. Meridian, ID 83848 6. Future effective date of filling (optional): Signature of organizer(s), (An organizer is a member, or is cling in behalf of symember or members) Signature Paul B. Falsenbridge Secretary of State use only Secretary of State use only Segnature Paul B. Falsenbridge	Pro-	-Precision Rifles LLC STATE OF IDATE
(Sirest Address) (Mailing Address, if different than street address) 3. The name and complete street address of the registered agent: Paul B. Fakenbridge 2397 East Garber Dr. Meridian, ID 83846 (Name) 4. The name and address of at least one member or manager of the limited liability company: Name Address Paul B. Fakenbridge 2397 East Garber Dr. Meridian, ID 83846 5. Mailing address for future correspondence (annual report notices): 2397 East Garber Dr. Meridian, ID 83846 6. Future effective date of filing (optional): Signature of organizer(s). (An organizer is a member, or is citing in behalf of amember or members): Signature Paul B. Fakenbridge Secretary of State use only Signature Paul B. Fakenbridge	•	
The name and complete street address of the registered agent: Paul B. Fakenbridge 2397 East Gerber Dr. Meridian, ID 63646		MIDEL DT. MECKINGS, 12 03040
Paul B. Fakenbridge 2397 East Gerber Dr. Meridian, ID 83848 (Name) (Street Address) 4. The name and address of at least one member or manager of the limited liability company: Name Address Paul B. Fakenbridge 2397 East Gerber Dr. Meridian, ID 83846 5. Mailing address for future correspondence (annual report notices): 2397 East Gerber Dr. Meridian, ID 83846 5. Future effective date of filing (optional): Idgnature of organizer(s). (An organizer is a member, or is sting in behalf of amember or members): Secretary of State use only ignature Paul B. Fakenbridge	(Mailton Address if different then street address)	
Paul B. Fakenbridge (Name) (Name) (Street Address) 4. The name and address of at least one member or manager of the limited liability company: Maina		
4. The name and address of at least one member or manager of the limited liability company: Name	5. The name and complete suest addre	ess of the registered agent.
4. The name and address of at least one member or manager of the limited liability company: Mailing M	Paul 8. Fakenbridge	2397 East Garber Dr. Merklan, ID 83646
Description of a green part of a green part of a green part of state use only signature	(Name)	(Street Address)
Paul B. Fakanbridge 2397 East Garber Dr. Meridian, ID 83646 5. Mailing address for future correspondence (annual report notices): 2397 East Garber Dr. Meridian, ID 83646 6. Future effective date of filing (optional): ignature of organizer(s). (An organizer is a member, or is citing in behalf of a member or members) ignature Paul B. Fakenbridge Secretary of State use only grad Name: Paul B. Fakenbridge		ne member or manager of the limited liability
5. Mailing address for future correspondence (annual report notices): 2397 East Garber Dr. Meridian, ID 83848 3. Future effective date of filing (optional): ignature of organizer(s). (An organizer is a member, or is cting in behalf of a member or members). Secretary of State use only yped Name: Paul B. Fakenbridge		Address
2397 East Garber Dr. Meridian, ID 83848 5. Future effective date of filing (optional): ignature of organizer(s). (An organizer is a member, or is sting in behalf of a member or members). ignature	Paul B. Falcenbridge	2397 East Garber Dr. Meridian, ID 83646
2397 East Garber Dr. Meridian, ID 83848 5. Future effective date of filing (optional): gnature of organizer(s). (An organizer is a member, or is sting in behalf of a member or members). gnature ped Name: Paul B. Fakenbridge gnature		
2397 East Garber Dr. Meridian, ID 83846 Future effective date of filling (optional): gnature of organizer(s). (An organizer is a member, or is ting in behalf of a member or members). gnature		·
2397 East Garber Dr. Meridian, ID 83848 5. Future effective date of filing (optional): gnature of organizer(s). (An organizer is a member, or is sting in behalf of a member or members). gnature ped Name: Paul B. Fakenbridge gnature		Harris Harris
2397 East Garber Dr. Meridian, ID 83848 i. Future effective date of filing (optional): ignature of organizer(s). (An organizer is a member, or is sting in behalf of a member or members). ignature		
2397 East Garber Dr. Meridian, ID 83848 i. Future effective date of filing (optional): ignature of organizer(s). (An organizer is a member, or is sting in behalf of a member or members). ignature		
2397 East Garber Dr. Meridian, ID 83848 i. Future effective date of filing (optional): ignature of organizer(s). (An organizer is a member, or is sting in behalf of a member or members). ignature		
ignature of organizer(s). (An organizer is a member, or is sting in behalf of a member or members). Secretary of State use only ignature	5. Mailing address for future correspond	dence (annual report notices):
ignature of organizer(s). (An organizer is a member, or is sting in behalf of a member or members). Secretary of State use only ignature	2397 East Ga	arber Dr. Meridian, ID 83848
ignature of organizer(s). (An organizer is a member, or is sting in behalf of a member or members). Secretary of State use only ignature		
ignature Paul B. Fakenbridge ignature	 Future effective date of filing (optional 	al):
ignature Paul B. Fakenbridge gnature	to the second se	
ignature Paul B. Fakenbridge Secretary of State use only Secretary of		member, or is
pped Name: Paul B. Fakenbridge	Van B COOD	Secretary of State use only
ignature		
33		4.75.5 29
	ignature	\$ 20 min series \$ 20 min ser
yped Name: F IBANO SECRETARY OF ST 94/29/2010 95	yped Name:	INNIO SECRETARY OF STATE