



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2014 OCT 28 PM 3:49

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Shots Distribution, LLC

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

3775 N. Eagle RD Boise ID 83713

(Street Address)

(Mailing Address, if different than street address)

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

Darin A. Stubbs

(Name)

3775 N. Eagle RD Boise ID 83713

(Street Address)

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

Name

Address

Darin A. Stubbs

3775 N. Eagle RD Boise ID 83713

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

3775 N Eagle Rd Boise ID 83713

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature *Darin A. Stubbs* MANAGER

Typed Name: Darin A. Stubbs

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

10/28/2014 05:00

CK:2321370 CT:172099 BH:1447117

10 100.00 = 100.00 ORGAN LLC #2

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