

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

AFC 14,	ĀM	8:4
SECHALLY STATE OF	O, IDA <sub>H</sub>	TATE

TO IN	(Instructions	on back of application)	SECHE WAY OF
1. The na	me of the limited liab	ility company is:	SECHICATY OF STATE
		CLARK FORK OUTFITTERS, LLC	
	mplete street and ma	iling addresses of the initial o	designated office:
	ddress) X 291, NAPLES, ID 8384 Address, If different than street		
, -		eet address of the registered	agent:
LEON	D. BROWN	1660 WHITE MOUNTA	AIN ROAD, NAPLES, ID 83847
(Name)		(Street Address)	
. The na		least one member or mana	
	Name		Address
LEON	D. BROWN	1680 WHITE MOUNT	AIN ROAD, NAPLES, ID 83847
-	address for future co	orrespondence (annual repor	rt notices):
<del></del>			
6. Future	effective date of filing	(optional):	
_	of a manager, men	nber or authorized	
erson.	/		Secretary of State use only
ignature )	x hulten		
-	ne: LEON D. BROWN		
Signature			1DAHO SECRETARY OF STATE 12/14/2011 05:0
•	ne:		CK: 48818862 CT: 19370 BH: 138