

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

(Instructions on back of application)

FILED EFFECTIVE

<ol> <li>The name of the limited liabil</li> </ol>	ity company is:	STATE OF IDAHO	
Embedded Sports Products, LLC			
2. The complete street and mail	ing addresses of the	e initial designated office:	
(Street Address) Boise, ID 83706			
(Mailing Address, if different than street ad	idress)		
3. The name and complete stree	et address of the req	gistered agent:	
Derek R. Duval	2765 E. Bosto	2765 E. Boston Ct., Boise, ID 83706	
(Name)	(Street Address)	(Street Address)	
<ol> <li>The name and address of at I company:</li> <li>Name</li> </ol>	east one member o	r manager of the limited liability  Address	
Derek R. Duval	2765 E. Boston Ct., Boise, ID 83706		
	·		
	<del></del>		
5. Mailing address for future con	respondence (annu	al report notices):	
2765 E. Boston Ct., Boise, ID 837	06	•	
6. Future effective date of filing (	(optional):		
Signature of a manager, memb	per or authorized		
person.	·		
	. 0	Secretary of State use only	
Signature Nuck + Nu	Val	1DAHO SECRETARY OF STATE 02/23/2015 05:00	
yped Name: Derek R. Duvél		CK:1345 CT:306758 BH:1462	
		10 100.00 = 100.00 ORGAN L	
Signature			

W148212

Typed Name: \_\_\_\_