



CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in duplicate.

2017 JUN -8 AM 8:54
SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Traditions Glove LLC

(Remember to include the words "Limited Liability Company," "Limited Company," or the abbreviations L.L.C., LLC, or LC)

2. The complete street and mailing addresses of the principal office is:

670 Teeple Drive Idaho Falls, Idaho 83401

(Street Address)

(Mailing Address, if different)

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

Chris S Hayes

890 Oxford Drive Idaho Falls, Idaho 83401

(Name)

(Address cannot be a post office box or postal mail box)

4. The name and address of at least one governor of the limited liability company:

Kelly Martinez

670 Teeple Drive Idaho Falls, Idaho 83401

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

Hayes Management Services 890 Oxford Drive Idaho Falls, Idaho 83401

(Address)

Signature of organizer(s).

Signature: Kelly Martinez

Printed Name: Kelly Martinez

Signature: _____

Printed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

06/06/2017 05:00

CK: 9712 CT: 104250 BH: 1587924

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