

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

(Instructions on back of application)

(modulono on bac	> 10 C 3 A DAY or =
1. The name of the limited liability co	ompany is: CRETARY OF STATE OF IDAHO
GO IDANO SPORTS	LLC
2. The complete street and mailing a	nddresses of the initial designated/principal office:
101 Locuist Aye Harsesi (Street Address)	HÚE BEND 10 83629
(Mailing Address, if different than street address)	)
3. The name and complete street ad	dress of the registered agent:
(Name)	(Street Address)
4. The name and address of at least company:	one member or manager of the limited liability
<u>Name</u>	<u>Address</u>
ROBERT WILLIAMS	400 BITTEROOT DR. BOISE ID SSTOS
5. Mailing address for future correspond	
101 LOCUST AVE. HORSESH	DC BOND ID 834 83629
6. Future effective date of filing (option	onal):
Signature of a manager, member of person.	or authorized
Signature / Signature	Secretary of State use only
Typed Name: Robert = , Wil	liams
Signature	IDAHO SECRETARY OF STATE 97/28/2011 95:00
Typed Name:	CK: CASH CT: 261070 BH: 1204464 1 0 100.00 = 190.00 ORGAN LLC # 2

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