



CERTIFICATE OF ORGANIZATION 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**.

FILED EFFECTIVE

2017 OCT 10 AM 10:14

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Trophy Claw 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:

725 Warner Ave, Lewiston ID 83501

(Street Address)

(Mailing Address, if different)

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

Matthew R. Coleman

725 Warner Ave, Lewiston ID 83501

(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:

Matthew R. Coleman

725 Warner Ave, Lewiston ID 83501

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

725 Warner Ave, Lewiston ID 83501

(Address)

Signature of organizer(s).

Signature: Matthew R. Coleman

Printed Name: Matthew R. Coleman

Signature: _____

Printed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

10/10/2017 05:00

CK:4545 CT:346763 BH:1606575

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