



CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

2013 OCT -9 AM 8: 59

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Fall Taxidermy, LLC

2. The complete street and mailing addresses of the initial designated office:

21 North Pine Street
(Street Address)

Saint Anthony, Id 83445
(Mailing Address, if different than street address)

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

Ty W. Klingler
(Name)

21 North Pine St. Anthony, Id 83445
(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

Denise J. Klingler
Name

21 North Pine St. Anthony, Id 83445
Address

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

21 North Pine St. Anthony, Id 83445

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature Ty Klingler
Typed Name: Ty W. Klingler

Signature Denise J. Klingler
Typed Name: Denise J. Klingler

Secretary of State use only

IDAHO SECRETARY OF STATE
10/09/2013 05:00
CK: 2684 CT: 198756 BH: 1393482
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