

# State of Idaho

Office of the Secretary of State

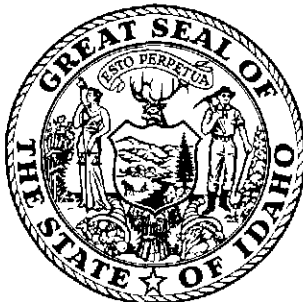
**CERTIFICATE OF REGISTRATION  
OF  
FULL BORE, INC.**

File Number C 208000

I, LAWRENCE DENNEY, Secretary of State of the State of Idaho, hereby certify that an application for Foreign Registration Statement, duly executed pursuant to the provisions of the Idaho Uniform Business Organization Code, has been received in this office and is found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I issue this Certificate of Registration to transact business in this State and attach hereto a duplicate of the application for such certificate.

Dated: December 7, 2015



*Lawrence Denney*  
SECRETARY OF STATE

By *Mary Barker*



# FOREIGN REGISTRATION STATEMENT

Title 30, Chapter 21, Idaho Code

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

Complete and submit the form in duplicate.

2015 DEC -7 AM 9:31

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the entity is: Full Bore, Inc.
2. The name which it shall use in Idaho is: \_\_\_\_\_  
(Enter a name that, if any, is required to adopt an alternate name.)
3. Select the type of entity you wish to register:  
☒ Business Corporation      ☐ General Partnership  
☐ Nonprofit Corporation      ☐ General Cooperative Association  
☐ Limited Liability Partnership      ☐ Limited Partnership (Including a limited liability limited partnership)  
☐ Limited Liability Company      ☐ Statutory Trust, Business Trust, or Common-law Business Trust  
☐ Other: \_\_\_\_\_  
(Use "Other" only if your foreign entity type is not listed above, and enter the type here.)
4. Jurisdiction of formation: Oregon  
(Enter the jurisdiction in which the entity was formed.)
5. The address of its principal office is:  
403 S Water St. Silverton, OR 97381  
(Street Address)  
P.O. Box 1312 Silverton, OR 97381  
(Mailing Address, if different)
6. The address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:  
403 S Water St. Silverton, OR 97381  
(Street Address)  
\_\_\_\_\_  
(Mailing Address, if different)
7. The mailing address to which correspondence should be addressed, if different from item 5, is:  
\_\_\_\_\_  
(Mailing Address)
8. Name and street address of registered agent in Idaho:  
InCorp Services, Inc.      1524 S Vista Ave, Suite 12 Boise, ID 83705-2536  
(Name)      (Address)
9. The name, capacity, and mailing address of at least one governor:  

<u>Shawn Zander</u>	<u>President</u>	<u>403 S Water St. Silverton, OR 97381</u>
<small>(Name)</small>	<small>(Capacity)</small>	<small>(Address)</small>
<u>_____</u>	<u>_____</u>	<u>_____</u>
<small>(Name)</small>	<small>(Capacity)</small>	<small>(Address)</small>

Typed Name: Kayleen Runyan

Signature: \_\_\_\_\_

Capacity: Office Manager

Secretary of State use only

IDAHO SECRETARY OF STATE

12/07/2015 05:00

CK:8663 CT:273155 BH:1503062

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C208000

# State of Oregon

OFFICE OF THE SECRETARY OF STATE  
*Corporation Division*

## Certificate of Existence 557H345C7

*I, JEANNE P. ATKINS, SECRETARY OF STATE, and Custodian of the Seal of said State, do hereby certify:*

**FULL BORE, INC.**

*is*

**Incorporated**

*under the laws of The State of Oregon*

*and is active on the records of the Corporation Division as of the date of this certificate.*



*In Testimony Whereof, I have hereunto set  
my hand and affixed hereto the Seal of the  
State of Oregon.*

*Jeanne P. Atkins*

**JEANNE P. ATKINS, SECRETARY OF STATE**

**12/2/2015**