

Typed Name: Phillip Fachace

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

08 OCT 23 AM 9: 00

WEZ OV	(Instructions on back of application)	SECRETARY
1 The na	ame of the limited liability company is:	SECRETARY OF STATE OF IDAHO
/ 1		OHAHO
2 The en	Utimate Predator Adventur	es, UC
2. The col	mplete street and mailing addresses of the initial	designated/principal office:
(Street A	158 Westeliff DR. Idaho FA	lls. TD. 83402
(Mailing A	Address, if different than street address)	
3. The nar	me and complete street address of the registered	l agent:
Joh, (Name)	NNY Agumaga 2158 Westelil	CF De. Idaho Falls, ID 83402
4. The nar compan	me and address of at least one member or manag	ger of the limited liability
	Name	Address
Jol	illip N. Forbord 2996 Jackie	De. Idaho Falls ID 87402
Ph;	Mip N. Forbord 2996 Jackie	of The Sal To Page
Gre	egory Ryan Pimentel 942 F. Par	- FAIR LD. 63402
	- Jerg MAN FINESTE 192 E. Fare	C. Dr. Solaho Fall, ID. 8340)
5. Mailing a	address for future correspondence (annual report	motions).
215	58 Westeliff Dr. Idaho Falls ID	notices):
	TAMPO FATIS ID	. 83402
6. Future et	ffective date of filing (optional):	
Signature of acting in behalf	organizer(s) . (An organizer is a member, or is for a member or members).	
		Secretary of State use only
Signature		• · · · · · · · · · · · · · · · · · · ·
Typed Náme:	: Johnny Aguinaga	
Signature	The Management of the second o	

IDAHO SECRETARY OF STATE 10/23/2000 05:00 CK: 7695 CT: 196602 BH: 1141396 1 0 100.00 = 100.00 ORGAN LLC # 2

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