

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY 10 DEC 27 AM 8: 3

	(Instructions on ba	ck of application)
1.	The name of the limited liability of	ck of application) SECREMAY OF STATE OF IDAHO
	Shar	ttuck Creek Outfitters, LLC
2.	The complete street and mailing at 102 Shattuck Ridge Road, Elk River ID (Street Address) PO Box 166, Elk River ID 83827 (Mailing Address, if different than street address)	
3.	The name and complete street address of the registered agent:	
	Amon Molsee (Name)	102 Shattuck Ridge Road, Elk River ID 83827 (Street Address)
4.	The name and address of at least company:	one member or manager of the limited liability
	Amon Molsee	PO Box 166, Elk River ID 83827
	Barbara Molsee	PO Box 166, Elk River ID 83827
5.	Mailing address for future correspondence PO Box 166, Elk River ID 83827	
Sig	Future effective date of filing (option nature of a manager, member of a manager	
Sigi Typ Sigi	nature Amon Molsee nature Bulma Molsee nature Barbara Molsee	Secretary of State use only IDAHO SECRETARY OF STATE 12/27/2010 05:00 CK: 2201 CT: 238910 BH: 1252490

1 2 189.00 = 190.00 ORGAN LLC # 2

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