



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2014 JAN 14 PM 12:22

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

SAY Lacrosse LLC

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

900 E. Columbar Court, Eagle ID 83616

(Street Address)

(Mailing Address, if different than street address)

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

Tim Reid

(Name)

450 E. Beacon Light

(Street Address)

EAGLE ID 83616

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

**Name**

**Address**

Sawtooth Sports, Inc.

900 E. Columbar Ct, Eagle, ID 83616

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

PO Box 2678, Eagle, ID 83616

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: Philip Gorman for Sawtooth Sports, Inc.

Signature

Typed Name:

Secretary of State use only

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01/14/2014 05:00  
CK: 1670590 CT: 172099 BH: 1405002  
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