



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 MAR 29 AM 9:37

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

FALLS OUTFITTING, L.L.C.

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

3062 S. FRONTAGE ROAD

(Street Address)

AMERICAN FALLS, IDAHO 83211

(Mailing Address, if different than street address)

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

KAEL KOOMPIN

(Name)

3062 S. FRONTAGE RD., AMERICAN FALLS, ID 83211

(Street Address)

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

Name

KAEL KOOMPIN

Address

3062 S. Frontage Rd., American Falls, ID 83211

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

3062 S. Frontage Road, American Falls, Idaho 83211

6. Future effective date of filing (optional):

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature Kael Koopin
Typed Name: KAEL KOOMPIN

Signature _____
Typed Name: _____

Secretary of State use only

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Revised 07/2008

IDAHO SECRETARY OF STATE
03/29/2010 05:00
CK: 6748 CT: 179474 BN: 1215136
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