CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY	09 NOV -2	AM 10: 1 1
(Instructions on back of application)	SECRETARY STATE O	OF STATE
ame of the limited lightlity company, is:	STATE U	F IUAHO

FILED EFFECTIVE

1. The name of the limited liability company is:

Provender Distributors,LLC

2. The complete street and mailing addresses of the initial designated/principal office: 3561 N Summerpark Ave Meridian, ID 83646

(Mailing Address, if different than street address)

(Street Address)

The name and complete street address of the registered agent:

3561 N Summerpark Ave Meridian, ID 83646 **Timothy Bennett** (Name) (Street Address)

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

Name Timothy Bennett	Address 3561 N Summerpark Ave Meridian, ID 83646	
· · ·		
5. Mailing address for future correspond	lence (annual report notices): Irpark Ave Meridian, ID 83646	
6. Future effective date of filing (optional Signature of organizer(s). (An organizer is a n acting in behalf of a member or members).		
Signature	Secretary of State use only	
Typed Name:Timothy Bennett Signature Typed Name:	1 2 P 2 2 4 52 7 4 1 3 1 2 4 1 9 4 1 1 1 1 4 4 54 4	

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