



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

10 DEC 21 PM 1:30

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

EHLEN LABORATORIES, LLC

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

9350 W. Bienapfl, Boise, ID 83709

(Street Address)

(Mailing Address, if different than street address)

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

Corporation Service Company

(Name)

12550 W. Explorer Drive, Suite 100, Boise, ID 83713

(Street Address)

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

Name

Address

VICKI EHLEN

400 DONLIN RD., NEWBURY PARK, CA 91320

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

9350 W. Bienapfl, Boise, ID 83709

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature

Typed Name: Michele L. Abbott

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
12/21/2010 05:00
CK: 100862357 CT: 74104 BH: 1251901
1 @ 100.00 = 100.00 ORGAN LLC # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

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