

**FILED EFFECTIVE**

251



# **CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY**

(Instructions on back of application)

2014 DEC -1 PM 2:42

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Time To Thrive, LLC

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

4722 N Eagle Pointe Pl. Star, Idaho 83669

(Street Address)

(Mailing Address, if different than street address)

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

John M. Amini

(Name)

4722 N Eagle Pointe Pl. Star, Idaho 83669

(Street Address)

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

**Name****Address**

John M. Amini

4722 N Eagle Pointe Pl. Star, Idaho 83669

Susan R. Amini

4722 N Eagle Pointe Pl. Star, Idaho 83669

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

4722 N Eagle Pointe Pl. Star, Idaho 83669

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: John M. Amini

Signature

Typed Name: Susan R. Amini

Secretary of State use only

IDAHO SECRETARY OF STATE

12/02/2014 05:00

CK:2394980 CT:172099 BH:1451242

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