

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY 2010 MAR 25 AM 10: 55

(Instructions on back of application)

SECRETARY OF STATE

	(matractions on back of	аррповиону	STATE OF IDAHO
1.	The name of the limited liability compa	iny is:	
	Rockin 31	1 Supplements	s, LLC
2.	The complete street and mailing address	sses of the	initial designated/principal office:
	409 Shoshone Street Sou	uth, Suite #25,	Twin Falls, ID 83301
	(Street Address)	3, Twin Falls, I	D 83303
	(Mailing Address, if different than street address)		*
3.	3. The name and complete street address of the registered agent:		
	Hiram Finney	1754 E	East 4000 North, Buhl, ID 83316
	(Name)	Street Address)	
	The name and address of at least one company:	member or	manager of the limited liability
	<u>Name</u>		Address
	Hiram Finney	1754 (East 4000 North, Buhl, ID 83916
	The state of the s		
	and the second s		
5. Mailing address for future correspondence (annual report notices): PO Box 1598, Twin Falls, ID 83303			
	PO 80X 1998	o, IWIN Falls,	ID 03303
e 1	Tutura affective data of filing (anticae)		
6. !	Future effective date of filing (optional)		
-	ature of organizer(s). (An organizer is a me in behalf of a methber or members).	ember, or is	
aum	an denan of a member of members.		Secretary of State use only
Sign	ature Min Tay	HEHRED !	
_	d Name: Hiram Finney, Member		n .
			98
Sign	ature	Merney C. C. Constant	IDAHO SECRETARY OF STATE
Туре	ed Name:		488198 CT: 172899 BH: 12147 1 9 198.00 = 109.08 ORSAN LLC
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