



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

**FILED EFFECTIVE**

**NOV 20 AM 11:57**

(Instructions on back of application)

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Pure Sterilization, LLC

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

297 North 2100 East, St. Anthony, ID 83445  
(Street Address)

(Mailing Address, if different than street address)

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

Hillarie Hepworth  
(Name)

297 North 2100 East, St. Anthony, ID 83445  
(Street Address)

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

<u>Name</u>	<u>Address</u>
<u>Jordan Hepworth</u>	<u>297 North 2100 East St. Anthony, ID 83445</u>
_____	_____
_____	_____
_____	_____

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

297 North 2100 East St. Anthony, ID 83445

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of a manager, member or authorized person.

Signature Jordan Hepworth  
Typed Name: Jordan Hepworth

Signature \_\_\_\_\_  
Typed Name: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE  
**11/20/2014 05:00**  
CK:2372314 CT:172099 BH:1450133  
1@ 100.00 = 100.00 ORGAN LLC #2

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