



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2014 SEP 17 AM 8:56

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Delight Naturals, LLC

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

350 10th Street, Idaho Falls, ID 83404

(Street Address)

PO Box 52255, Idaho Falls, ID 83405

(Mailing Address, if different than street address)

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

Samantha Gillihan

(Name)

350 10th Street, Idaho Falls, ID 83404

(Street Address)

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

Name

Address

Samantha Gillihan

PO Box 52255, Idaho Falls, ID 83405

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

PO Box 52255, Idaho Falls, ID 83405

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: Samantha Gillihan

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE

09/17/2014 05:00

CK:1326 CT:301221 BH:1441625

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