



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2012 OCT -1 AM 10:13

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

The Remedy, LLC

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

4092 Birchwood Circle, Ammon ID 83406

(Street Address)

(Mailing Address, if different than street address)

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

Travis J. Collins

(Name)

4092 Birchwood Circle, Ammon ID 83406

(Street Address)

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

Name

Address

Travis J. Collins

4092 Birchwood Circle, Ammon ID 83406

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

4092 Birchwood Circle, Ammon ID 83406

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature Travis J. Collins

Typed Name: Travis J. Collins

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
10/01/2012 05:00
CK: 4149 CT: 274802 BH: 1341981
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