



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

08 SEP -3 PM 1:02

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Best Lifestyle Supplements, LLC

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

Suite 318, 10400 W Overland Rd, Boise, ID 83709-1449

(Street Address)

(Mailing Address, if different than street address)

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

All Day \$49 Idaho Registered Agent

1011 N. 11th Coeur D' Alene, ID 83814

(Name)

(Street Address)

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

Name

Address

Phillip Nelson

2828 S Moultrie Ave, Boise, ID, 83709

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

Suite 318, 10400 W Overland Rd, Boise, ID 83709-1449

6. Future effective date of filing (optional): _____

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature Phillip Nelson
Typed Name: Phillip Nelson

Signature _____
Typed Name: _____

Secretary of State use only

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Revised 07/2008

IDAHO SECRETARY OF STATE
09/03/2008 05:00
CK: 149468 CT: 172899 BH: 1134235
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