

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2812 JUI 13
SECRETARY OF
SECRETARY OF STATE

The name of the limited liabili	ity company is:
P	Professional Brain Products, LLC
The complete street and mailing 25820 Highway 2 West, Sandpoint	ng addresses of the initial designated office: t, Idaho 83864
(Street Address) P.O. Box 25, Dover, Idaho 83825	
(Mailing Address, if different than street ad The name and complete stree	et address of the registered agent:
Kim R. Pearson	25820 Highway 2 West, Sandpoint, Idaho 83864
(Name)	(Street Address)
The name and address of at k company:	east one member or manager of the limited liability
Name	Address
Thorne Research, Inc.	25820 Highway 2 West, Sandpoint, Idaho 83864
Mailing address for future corr	respondence (annual report notices):
P.O. Box 25, Dover, Idaho 83825	
Future effective date of filing ((optional):
nature of a manager, memb	per or authorized
5011.	Secretary of State use only
nature	
ped Name: Thomas P. McKenna	
	IDANO SECRETARY OF STATE
nature	ON: 1000C C): 13771 DA: 130C00
ed Name:	1 0 100.00 = 100.00 ORGAN LLC

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Typed Name: _____