



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in duplicate.

FILED EFFECTIVE

2017 JUN -5 AM 9:41

**SECRETARY OF STATE
STATE OF IDAHO**

1. The name of the limited liability company is:
The Fibromyalgia Stores LLC

(Remember to include the words "Limited Liability Company," "Limited Company," or the abbreviations L.L.C., LLC, or LC)

2. The complete street and mailing addresses of the principal office is:
391 W 14th St Idaho Falls ID 83402

(Street Address)

PO Box 50403 Idaho Falls ID 83402

(Mailing Address, if different)

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

Denalee Chapman

391 W. 14th St. Idaho Falls, ID

(Name)

(Address cannot be a post office box or postal mail box)

4. The name and address of at least one governor of the limited liability company:

Denalee Chapman

391 W. 14th St. Idaho Falls, ID 83402

(Name)

(Address)

Brett Robinson

391 W. 14th St. Idaho Falls, ID 83402

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

5. Mailing address for future correspondence (annual report notices):
PO BOX 50403 Idaho Falls, Idaho 83405

(Address)

Signature of organizer(s).

Signature: Denalee Chapman

Printed Name: Denalee Chapman

Signature: Brett Robinson

Printed Name: Brett Robinson

Secretary of State use only

IDAHO SECRETARY OF STATE

06/05/2017 05:00

CK:13542004 CT:172099 BH:1587146

1@ 100.00 = 100.00 ORGAN LLC #2

1@ 20.00 = 20.00 EXPEDITE C #3

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