



CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

12 MAR 29 AM 9:17

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

VITAMIN C, LLC

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

811 N 1ST AVE. HAILEY ID 83333

(Street Address)

PO BOX 3436 HAILEY ID 83333

(Mailing Address, if different than street address)

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

PATRICIA L LEWIS

(Name)

240 MELROSE ST BELLEVUE ID 83313

(Street Address)

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

Name**Address**

PATRICIA L LEWIS MEMBER

240 MELROSE ST BELLEVUE, ID 83313

JEFFERY S BERTZ MEMBER

240 MELROSE ST BELLEVUE ID 83313

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

PO BOX 3436 HAILEY ID 83333

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

Signature of a manager, member or authorized person.

Signature

Typed Name: PATRICIA L LEWIS

Signature

Typed Name: JEFFERY S BERTZ

Secretary of State use only

 IDAHO SECRETARY OF STATE
 03/29/2012 05:00
 CK: 1002 CT: 260694 BH: 1317430
 1 @ 100.00 = 100.00 ORGAN LLC # 2

W112533