



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

**FILED EFFECTIVE**

11 JUN 30 AM 11:24

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Ataraxis CA, LLC

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

600 N. Curtis, Suite 101, Boise, ID 83706

(Street Address)

(Mailing Address, if different than street address)

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

Stephen Cilley

(Name)

600 N. Curtis, Suite 101, Boise, ID 83706

(Street Address)

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

**Name**

**Address**

Ataraxis, Inc.

600 N. Curtis, Suite 101, Boise, ID 83706

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

600 N. Curtis, Suite 101, Boise, ID 83706

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: Erik J. Bolinder, Organizer

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE  
06/30/2011 05:00  
CK: 14741 CT: 1625 BH: 1280644  
1 @ 100.00 = 100.00 ORGAN LLC # 2

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