

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

09 AUG 31 PM 12: 32

(Instructions on back of application)

SECRETARY OF STATE

. The name of the limited liability compa	any is: STATE OF IDAH	U
9 Essentials, Holistic	Health & Nutritional Products LLC	
. The complete street and mailing addre	esses of the initial designated/principal office	у;
529 8th A	Ave N. Buhl, ID 83316	
(Street Address)		
(Mailing Address, if different than street address)		
The name and complete street addres	ss of the registered agent:	
•		j.
Yan L. Naing	529 8th Ave N. Buhl, ID 83316	
(Name)	(Street Address)	
The name and address of at least one company:	member or manager of the limited liability	
<u>Name</u>	Address	
Susan Renee Naing	529 8th Ave N. Buhl, ID 83316	-
Yan Lin Naing	529 8th Ave N. Buhl, ID 83316	l . L .
		1
Mailing address for future corresponde	ence (annual report notices): Ave N. Buhl, ID 83316	
Future effective date of filing (optional));	 -
gnature of organizer(s). (An organizer is a mo	ember, or is	
ing in behalf of a member or members).	Secretary of State use only	+
gnature	18. PMC	
ped Name: Yan Lin Nalng	רַסעּ	
	IDAHO SECRETARY OF	1 - 2 1 -
gnature Landonel 10.	IDAHO SECRETARY O	F STATE 05 = 0 0
ped Name: Susan Rende Name	CK: 201616565882 CT: 2481	70 BH: 11

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