



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

**FILED EFFECTIVE**

2015 FEB -6 AM 8:46

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

5 B Nutrition LLC

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

101 E. Bullion St., Suite 1 E, Hailey, Id. 83333

(Street Address)

(Mailing Address, if different than street address)

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

Kristin Charnholm

(Name)

101 E. Bullion St., Suite 1 E, Hailey, Id. 83333

(Street Address)

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

**Name**

**Address**

Kristin Charnholm

101 E. Bullion St, Suite 1 E, Hailey, Id 83333

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

101 E. Bullion St., Suite 1 E, Hailey, Id. 83333

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of a manager, member or authorized person.

Signature

Typed Name:

Kristin Charnholm

Signature \_\_\_\_\_

Typed Name: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

02/06/2015 05:00

CK:2050 CT:306135 BH:1460721

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