



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2014 JUN 25 AM 8:49

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Dermis LLC

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

3054 N Blue Springs Ave Meridian ID 83646

(Street Address)

(Mailing Address, if different than street address)

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

Heidi Saunders

(Name)

3054 N Blue Springs Ave Meridian ID 83646

(Street Address)

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

Name

Address

Matt Saunders

3054 N Blue Springs Ave Meridian ID 83646

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

3054 N Blue Springs Ave Meridian ID 83646

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature Heidi Saunders

Typed Name: Heidi Saunders

Signature _____

Typed Name: _____

Secretary of State use only
IDAHO SECRETARY OF STATE

06/25/2014 05:00

CK: 826 CT: 298341 BH: 1430652

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