



CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

11 JUN -8 AM 9:07

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

MIRACLE WEIGHT LOSS, LLC.

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

238 HIDDEN SPRINGS LN. OROFINO IDAHO 83544

(Street Address)

(Mailing Address, if different than street address)

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

All Day \$49 Idaho Registered Agent

(Name)

1011 N. 11th Cour D alene, Idaho 83814

(Street Address)

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

Name

Address

Greg A. Grimshaw

238 Hidden Springs Ln. Orofino ID 83544

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

238 Hidden Springs Ln. Orofino ID 83544

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

Signature of a manager, member or authorized person.

Signature _____

Typed Name: Greg A. Grimshaw

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
06/08/2011 05:00
CK: 1109 CT: 259600 BH: 1277400
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