

Typed Name: _____

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

11 APR -1 AM 8: 33

The state of the s	(Instructions on ba	ck of application)		
1.	1. The name of the limited liability company is:		SECHEL BY OF STATE STATE OF IDAHO	
		Life-Essentials LLC	Since Of Ibitio	
2.	The complete street and mailing a 228 Saddle Rd #128, Ketchum, ID 833	addresses of the in	itial designated/principal office:	
	(Street Address) PO Box 902, Sun Valley, ID 83353			
	(Mailing Address, if different than street address)			
3.	The name and complete street address of the registered agent:			
	Brigitte Esswein (Name)	202 Bitterro (Street Address)	ot Ketchum, ID 83340	
4.	The name and address of at least one member or manager of the limited liability company:			
	<u>Name</u>	Address		
	Brigitte Esswein PO Box 902, Sun Valley, ID 83353			
	_			
			-	
5	Mailing address for future correct			
٥.	Mailing address for future correspondence (annual report notices):			
	PO Box 902, Sun Valley, ID 83353			
6.	Future effective date of filing (optio	nal):		
Sign	nature of a manager, member or son.	authorized		
	2740		Secretary of State use only	
Sigr	pature 1911(1) Esce	ec)		
Тур	ed Name Brigitte Esswein			
Signature			IDAHO SECRETARY OF STATE	

cert_org_lic Rev. 07/2010

IDAHO SECRETARY OF STATE **64/61/2011 05:00** CK: 1022 CT: 102806 BH: 1267316 1 8 108.00 = 100.08 ORGAN LLC # 2

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