



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 NOV 15 AM 8:10
SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

MedMan Group, LLC

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

8093 N. Cornerstone Dr., Hayden, ID 83835

(Street Address)

(Mailing Address, if different than street address)

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

Barry W. Feely

(Name)

9737 N. Circle Dr., Hayden, ID 83835

(Street Address)

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

Name

Address

Barry W. Feely

9737 N. Circle Dr., Hayden, ID 83835

Donald R. Smith

9363 W. Driftwood Dr., Coeur d'Alene, ID 83814

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

8093 N. Cornerstone Dr., Hayden, ID 83835

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

Signature of a manager, member or authorized person.

Signature

Typed Name: Barry W. Feely

Signature

Typed Name: Donald R. Smith

Secretary of State use only

IDAHO SECRETARY OF STATE
11/15/2010 05:00
CK: 506 CT: 252789 BH: 1247155
1 @ 100.00 = 100.00 ORGAN LLC # 2

W97951