

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

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SECRETARY OF STATE STATE OF IDAHO

The name of the limited liability compa	any is:
Natural He	erbs and Supplies, LLC
The complete street and mailing addre	esses of the initial designated/principal office:
927 S. 1950 W	., Springfield, Idaho 83277
(Street Address)	
(Mailing Address, if different than street address)	
The name and complete street addres	s of the registered agent:
James E. Climer	927 S. 1950 W., Springfield, Idaho 83299
(Name)	(Street Address)
Company: Name James E. Climer	<u>Address</u> 927 S. 1950 W., Springfield, Idaho 83299
William T.J. Climer	6241 Dogwood Road SE, Port Orchard, WA 98367
Mailing address for future corresponde	ence (annual report notices):
	., Springfield, Idaho 83299
Future effective date of filing (optional)	<u> </u>
gnature of organizer(s). (An organizer is a me ing in behalf of a member or members).	ember, or is
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gnature James Clas	2
yped Name: James E. Climer	
(Daho Secretary of Object Daho Secretary of Object O
gnature	CK: 1196 CT: 214646 B