251

CERTIFICATE OF ORGANIZATION
LIMITED LIABILITY COMPANY

FILED EFFECTIVE
2015 JAN -2 AM 9:37
SECRETARY OF STATE
STATE OF IDAHO

(Instructions on back of application)

1. The name of the limited liability company is:

   Petal Life LLC

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

   609 Sun Terrace Drive, Twin Falls, ID 83301
   (Street Address)

   (Mailing Address, if different than street address)

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

   Sonee Singh (Name) — 609 Sun Terrace Drive, Twin Falls, ID 83301 (Street Address)

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

Name	Address
Sonee Singh	609 Sun Terrace Drive, Twin Falls, ID 83301

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

   609 Sun Terrace Drive, Twin Falls, ID 83301

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

Signature of a manager, member or authorized person.

Signature _____
Typed Name: Jeffrey E. Rolig, Attorney

Signature _____
Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
01/02/2015 05:00
CK:3809 CT:142512 BH:1455148
1@ 100.00 = 100.00 ORGAN LLC #2

9/21/2012

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