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-FILED-

File #: 0005913978

09/28/2024

Date

Date Filed: 9/28/2024 11:24:50 AM

Certificate of Organization Limited Liability Company Select one: Standard, Expedited or Same Day Service descriptions below)	ce (see Standard (filing fee \$100)
1. Limited Liability Company Name	
Type of Limited Liability Company	Limited Liability Company
Entity name	North Idaho Nutrition LLC
2. The complete street address of the principal office is:	
Principal Office Address	NORTH IDAHO NUTRITION LLC 6121 E DEEP SHADOW LANE
	HAYDEN, ID 83835
3. The mailing address of the principal office is:	
Mailing Address	NORTH IDAHO NUTRITION LLC
	6121 E DEEP SHADOW LN
	HAYDEN, ID 83835-5174
4. Registered Agent Name and Address	
Registered Agent	Registered Agent
	Peter John Raber
	Physical Address: 6121 E DEEP SHADOW LANE
	HAYDEN, ID 83835
	Mailing Address:
	6121 E DEEP SHADOW LN
	HAYDEN, ID 83835-5174
I affirm that the registered agent appointed has c	onsented to serve as registered agent for this entity.
5. Governors	
Name	Address
	6121 E DEEP SHADOW LANE HAYDEN, ID 83835
LINDSEY JOY RABER	6121 E DEEP SHADOW LANE

**HAYDEN, ID 83835** 

Signature of Organizer:

Sign Here

PETER JOHN RABER