FILED EFFECTIVE

	CERTIFICATE OF		2014 JAN 30 AM 10: 25 SECRETARY OF STATE
	(Instructions on bac	k of application)	STATE OF IDAHO
1. 1	he name of the limited liability co	mpany is:	
	Roots Nutrition & Weight Loss, LLC		
2. 1	he complete street and mailing ac 229 PINE ST SANDPOINT ID 83864	ddresses of the initial design	nated office:
	(Street Address) 229 PINE ST SANDPOINT ID 83864		
з т	(Mailing Address, if different than street address)		
J. ,	he name and complete street add	iress of the registered agen	t:
	KELLY GREENWAY	229 PINE ST SANDPOINT ID 83864	
	(1981AC)	(Street Address)	
4. T c	The name and address of at least one member or manager of the limited liability company:		
	<u>Name</u> SUZANNE J KAPLAN	Address P.O. BOX 2411 SANDPOINT ID 83864	
•	Kelly Greenway		
-	certy dreenway	229 Pine St Sandpo	51nt, 1D 83864
-			
-			
-			
5 M	ailing addroga for future company		
J. 14	ailing address for future correspor 229 Pine St Sandpoint,	ndence (annual report notice ID 83864	es):
-		10 00004	
6. Fu	iture effective date of filing (option	al):	
	ture of a manager, member or	authorized	
persor	Vala	Ser	cretary of State use only
Signat			
-	Name: KELLY GREENWAY		
Signat			
Typed	Name: SUZANNE J KAPLAN	CK	IDAHO SECRETARY OF STATE 01/30/2014 05:00 : 1686759 CT: 172099 BH: 1488 2 108.00 = 100.00 ORGAN LLC #
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			1/133786
			WILLING