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**CERTIFICATE OF ORGANIZATION
LIMITED LIABILITY COMPANY**

Title 30, Chapters 21 and 25, Idaho Code

Base Filing fee: \$100.00.

Complete and submit the application in duplicate.**FILED EFFECTIVE****2015 AUG 28 AM 11:28****SECRETARY OF STATE
STATE OF IDAHO**

1. The name of the limited liability company is:
LifeXtend, LLC.

(Remember to include the words "Limited Liability Company," "Limited Company," or the abbreviations L.L.C., LLC, or LC.)

2. The complete street and mailing addresses of the principal office is:
435 N 3rd W., Rigby Idaho 83442

(Street Address)

(Mailing Address, if different)

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

Austin Allen

(Name)

7075 S. Culebra Rio Cir., Idaho Falls, ID 83406

(Address)

4. The name and address of at least one governor of the limited liability company:

South Pacific Health Enterprises, LLC

(Name)

435 N 3rd W, Rigby ID 83442

(Address)

Ron Childs

(Name)

3905 W. 46th Ave. Kennewick Wa. 99337

(Address)

Alexandria Alema Epperson

(Name)

435 N 3rd W, Rigby ID 83442

(Address)

(Name)

(Address)

5. Mailing address for future correspondence (annual report notices):
7075 S. Culebra Rio Cir., Idaho Falls, ID 83406

(Address)

Signature of organizer(s).

Printed Name: **D.S. Epperson**

Signature:

Printed Name: _____

Signature: _____

Rev. 08/2015

Secretary of State use only

IDAHO SECRETARY OF STATE

08/28/2015 05:00

CK:3156652 CT:172099 BH:1489986

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