



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY 10 JUL -9 AM 10: 12

(Instructions on back of application)
SECREMARY OF STATE
STATE OF IDAHO

1. The name of the limited liability co	ompany is:
PRO	TEIN STRATEGIES, LLC
2. The complete street and mailing a 1252 S. 52ND E., IDAHO FALLS, IDAH	ddresses of the initial designated/principal office:
(Street Address)	
(Mailing Address, if different than street address)	
3. The name and complete street add	dress of the registered agent:
SCOTT R. SEEDALL	1252 S. 52ND E., IDAHO FALLS, IDAHO 83401
(Name)	(Street Address)
The name and address of at least company:	one member or manager of the limited liability
<u>Name</u>	<u>Address</u>
Brent P. Jones	423 N. Yellowstone Hwy, Rigby, Idaho 83442
5. Mailing address for future correspond	ondence (annual report notices):
c/o Seedall Law Office, P.C., 1252 S. 52	·
	The Establish Color of the Colo
6. Future effective date of filing (option	onal):
Signature of a manager, member of	or authorized
person.	Secretary of State use only
Signature Start Start	
Typed Name: Scott R. Seedall - Organize	r
	IDAHO SECRETARY OF STATE
Signature	55.00 (30t a 65.00
Typed Name:	AND BE OPPOUNDED A

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