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CERTIFICATE OF ORGANIZATION *FILED EFFECTIVE*
LIMITED LIABILITY COMPANY 2011 SEP -8 AM 11:02

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Love Healthy Me LLC

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

356 Mount Smith Estates, Cocolalla, ID 83813

(Street Address)

(Mailing Address, if different than street address)

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

Sarah Brett

356 Mount Smith Estates, Cocolalla ID 83813

(Name)

(Street Address)

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

Name

Sarah Brett

Address

356 Mount Smith Estates, Cocolalla ID 83813

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

356 Mount Smith Estates, Cocolalla ID 83813

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

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature Nancy Hernandez
 Typed Name: Nancy Hernandez

Signature _____
 Typed Name: _____

SECRETARY OF STATE USE ONLY
 LLC Form 100-1.C.P.M.D
 Revised 07/2009

Secretary of State use only

IDAHO SECRETARY OF STATE
 09/08/2011 05:00
 CK: 779145 CT: 172899 BH: 1289589
 1 @ 100.00 = 100.00 ORGAN LLC # 2

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