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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

(Name)

356 Mount Smith Estates, Cocolalla ID 83813

(Street Address)

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

NameAddress

Sarah Brett

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

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Revised 07/2003

IDAHO SECRETARY OF STATE

09/08/2011 05:00

CK: 779145 CT: 172099 DH: 1289589

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