



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

09 FEB -9 PM 12:56

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

GHC LABS, LLC

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

4131 N 2200 E, FILER ID 83328

(Street Address)

(Mailing Address, if different than street address)

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

TAMMY JONES

4131 N 2200 E, FILER ID 83328

(Name)

(Street Address)

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

Name

TAMMY JONES

Address

4131 N 2200 E, FILER ID 83328

KEVIN JONES

4131 N 2200 E, FILER ID 83328

MIKE VANDER POL

4131 N 2200 E FILER, ID 83328

NATALIE VANDER POL

4131 N 2200 E FILER, ID 83328

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

4131 N 2200 E FILER, ID 83328

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 _____

Typed Name: TAMMY JONES

Signature _____

Typed Name: _____

Secretary of State use only

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Revised 07/2008

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02/09/2009 05:00
CX: 1112 CT: 23363 BH: 1136226
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