

Signature: \_\_\_\_

Printed Name:

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code Filing fee: \$100 typed, \$120 not typed

FILED EFFECTIVE

Complete and submit the application in duplicate.

2016 JUN - 1 PM 12: 27

1. The name of the limited liability company is: SECRETARY OF STATE STATE OF IDAHO

Good N Healthy 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: 2845 E Overland Rd Unit 180 Meridian ID 83642 (Street Address) (Mailing Address, if different) 3. The name of the registered agent and street address of the registered agent: 1141 E Overland Rd Apt C-201 Meridian ID 83642 **Brittany Nelson** (Nanie) (Address cannot be a post office box or postal mail box) The name and address of at least one governor of the limited liability company: 4. 1141 E Overland Rd Apt C-201 Meridian ID 83642 **Brittany Nelson** (Name) (Address) 498 N Cottonwood Rd Bozeman MT 59718 Drew Smith (Name) (Address) (Name) (Address) (Name) (Address) 5. Mailing address for future correspondence (annual report notices): 2845 E Overland Rd Unit 180 Meridian ID 83642 (Address) Signature of organizer(s). Secretary of State use only Signature: () IDAHO SECRETARY OF STATE Printed Name: Brittany Nelson

06/01/2016 05:00

CK: 6 CT: 325095 BH: 1531182 10 100.00 = 100.00 ORGAN LLC #2

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